THIS FORM IS NOT FOR SALE

USE BLACK OR BLUE PEN ONLY

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| BM EVALUATO | PR: |
| BM ASSESSOR, | /CASHIER: |
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OWWA PHILHEALTH PAG-IBIG

BALIK-MANGGAGAWA INFORMATION SHEET

| OO NOT WRITE ON THIS SPAC For POEA, OWWA, Philhealth, Pag-Il inly) | _ |
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| G No.: | |
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| Last Name First Name Name Ext. (e.g. Jr., III) N Passport No.: | | | A | RSONAL | PE | į. |
|--|--|---|------------------|-------------|--------------------------------|----------------------------------|
| Passport No.: Birthdate: | an early an organization and states | | <u> </u> | | | |
| Birthdate: / / / Sex: Male Fe DD / MM / YYYY CIVI Status: Single Wi Place of Birth: Married Leg Home Address in the Philippines: Lot No. Block No. Phase No. House No. Street Name Subdivi Municipality/City Province ZIP Code SSS No.: Pag-IBIG RTN/MID: Telephone/Cellphone No. Email Address: Mother's Full Maiden Name: Last Name First Name Middle Na CONTRACT PARTICULARS OF OFW Name of Spouse (if married): Contract Duration: Date of Last deployment from the Philippines: Date of recent return/arrival to the Philippines: LEGAL BENEFICIARIES / QUALIFIED DEPENDENTS Children (20 years old and below) - Registered Birth Certificate; Non-Member Spouse - Registered Marriage Certificate; Parents (60 years old and above) - Senior Citizens Card and Registered Birth Certificate of Member (OFW) Complete Name Sex Relationship of OFW to Dependent/s I hereby certify that the above statements are true and correct and that the above-named dependents have not been declared by my spouse / brother/sister. Worker's Signature Over Printed Nate FOR BM GROUP/AGENCY | Aiddle Nar | g. Jr.,III) Mido | lame Ext. (e.g | | First Name | Last Name |
| DD MM YYYY | | | | | | Passport No.: |
| Place of Birth: Interest Int | emale | Male Female | ex: | | / | Birthdate: / / |
| Home Address in the Philippines: Lot No. Block No. Phase No. House No. Street Name Subdivi. Municipality/City Province ZIP Code SSS No.: Pag-IBIG RTN/MID: Telephone/Cellphone No. Email Address: Mother's Full Maiden Name: Last Name First Name Middle Na CONTRACT PARTICULARS OF OFW Name of Spouse (if married): CONTRACT PARTICULARS OF OFW Name of Company/Employer: Tel. No./Fax No./E-Mail Address: Salary / Currency: Position: Contract Duration: Date of last deployment from the Philippines: Contract Duration: Company/Employer: Address of Employer: LEGAL BENEFICIARIES / QUALIFIED DEPENDENTS Children (20 years old and below) - Registered Birth Certificate; Non-Member Spouse - Registered Marriage Certificate; Parents (60 years old and above) - Senior Citizens Card and Registered Birth Certificate of Member (OFW) Complete Name Sex Relationship of OFW Date to Dependent/s hereby certify that the above statements are true and correct and that the above-named dependents have not been declared by my spouse / brother/sister. Worker's Signature Over Printed Nate FOR BM GROUP/AGENCY | idow/er | Single Widow | ivil Status: | | YYYY | DD / MM / |
| Lot No. Block No. Phase No. House No. Street Name Subdivision | gally Separate | | | | | Place of Birth: |
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| Telephone/Cellphone No. Mother's Full Maiden Name: | | ZIP Code | | Province | | Municipality/City |
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| Name of Spouse (if married): Last Name First Name Middle Name | | | | | | |
| CONTRACT PARTICULARS OF OFW Name of Company/Employer: Address of Employer: Tel. No./Fax No./E-Mail Address: Salary / Currency: Contract Duration: Date of last deployment from the Philippines: Date of recent return/arrival to the Philippines: LEGAL BENEFICIARIES / QUALIFIED DEPENDENTS Children (20 years old and below) - Registered Birth Certificate; Non-Member Spouse - Registered Marriage Certificate; Parents (60 years old and above) - Senior Citizens Card and Registered Birth Certificate of Member (OFW) Complete Name Sex Relationship of OFW to Dependent/s I hereby certify that the above statements are true and correct and that the above-named dependents have not been declared by my spouse / brother/sister. Worker's Signature Over Printed National Contract Particular Services (National Contract Particular Service | ame | Middle Name | Vame | | Last Name | N |
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| my spouse / brother/sister. Worker's Signature Over Printed National State of the Control of th | of Birth | | | Sex | me | Complete Nan |
| FOR BM GROUP/AGENCY | | ave not been declared by | ned dependents h | hat the abo | nents are true and correct and | |
| | me | s Signature Over Printed Name | Worker' | | | |
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| The state of the s | MINISTER OF THE PARTY WITH PARTY OF THE PART | er processe en en la companience en | | | | Name of Agency: |
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Please see back for checklist of requirements, fees to be paid and steps on OEC Processing.