

THIS FORM IS NOT FOR SALE

USE BLACK OR BLUE PEN ONLY

DATE: _____

TIME RECEIVED	TIME RELEASED
BM EVALUATOR:	_____
BM ASSESSOR/CASHIER:	_____



**BALIK-MANGGAGAWA
INFORMATION SHEET**

DO NOT WRITE ON THIS SPACE
(For POEA, OWWA, Philhealth, Pag-Ibig Only)

CG No.: _____
RFP nO.: _____
Assessment No.: _____
Assessed Amount:
POEA: _____
OWWA: _____
PHILHEALTH: _____
PAG-IBIG: _____

PERSONAL DATA

Last Name	First Name	Name Ext. (e.g. Jr.,III)	Middle Name																				
Passport No.: _____	_____	_____	_____																				
Birthdate: _____ / _____ / _____ <i>DD / MM / YYYY</i>		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female																					
Place of Birth: _____		Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated / Annulled																					
Home Address in the Philippines:	_____	_____	_____																				
	<i>Lot No. Block No. Phase No.</i>	<i>House No.</i>	<i>Street Name</i>																				
	_____	_____	_____																				
	<i>Municipality/City</i>	<i>Province</i>	<i>ZIP Code</i>																				
	_____	_____	_____																				
SSS No.: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					Pag-IBIG RTN/MID: _____		
Telephone/Cellphone No. _____		Email Address: _____																					
Mother's Full Maiden Name: _____																							
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>																				
Name of Spouse (if married): _____																							
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>																				

CONTRACT PARTICULARS OF OFW

Name of Company/Employer: _____

Address of Employer: _____

Tel. No./Fax No./E-Mail Address: _____ Salary / Currency: _____

Position: _____ 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	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Name

FOR BM GROUP/AGENCY

Name of Agency: _____

Approval of Authorized Agency Representative

↓ Please see back for checklist of requirements, fees to be paid and steps on OEC Processing.