

THIS FORM IS NOT FOR SALE

DATE: _____

USE BLACK OR BLUE PEN ONLY

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>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Female
Place of Birth: _____		Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated / Annulled	<input type="checkbox"/> Widower
Home Address in the Philippines: <i>Lot No. Block No. Phase No. House No. Street Name Subdivision</i>			
Municipality/City		Province	ZIP Code
SSS No	PhilHealth No.	Pag-IBIG RTN/MID	
Telephone/Celphone No. _____		Email Address: _____	
Mother's Full Maiden Name: _____			
Name of Spouse (if married): _____		_____	
<i>Last Name</i>		<i>First Name</i>	<i>Middle Name</i>
<i>Last Name</i>		<i>First Name</i>	<i>Middle Name</i>

CONTRACT PARTICULARS OF OFW

Name of Company/Employer: _____

Jobsite / 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	Gender (Male / Female)	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. →