

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>		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>Subdivision</i>												
			<i>ZIP Code</i>												
SSS No.: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></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