

THIS FORM IS NOT FOR SALE

USE BLACK OR BLUE PEN ONLY

DATE: \_\_\_\_\_

TIME RECEIVED

TIME RELEASED

BM EVALUATOR: \_\_\_\_\_

BM ASSESSOR/CASHIER: \_\_\_\_\_



**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 : \_\_\_\_\_

### BALIK-MANGGAGAWA INFORMATION SHEET

#### PERSONAL DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name Ext. (e.g. Jr.,III) \_\_\_\_\_ Middle Name \_\_\_\_\_

Passport No.: \_\_\_\_\_

Birthdate: DD / MM / YYYY

Gender:  Male  Female  
 Civil Status:  Single  Married  Legally Separated / Annulled

Place of Birth: \_\_\_\_\_

Home Address in the Philippines: \_\_\_\_\_

Lot No. Block No. Phase No. House No. Street Name Subdivision  
 Municipality/City Province ZIP Code

SSS No. \_\_\_\_\_ PhilHealth No. \_\_\_\_\_ Pag-IBIG RTN/MID: \_\_\_\_\_

Telephone/Cellphone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Name of Spouse (if married): \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

#### 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. →