

**Procedure:**

Queue up and submit your documents for Contract Verification & OWWA membership at Counters 3-9.

**PLEASE DON'T USE ERASABLE PEN!**

PHILIPPINE CONSULATE GENERAL - PHILIPPINE OVERSEAS LABOR OFFICE

# RECONTRACT

## OFW Information Sheet

### REQUIREMENTS (Please prepare the requirements in ORDER)

1. Completely fill out this Form.
2. Copy of Employer's Hong Kong I.D.
3. Copy of Helper's Hong Kong I.D.
4. Copy of Passport (photo page with picture and signature of Worker)
5. Copy of Working Visa Sticker (the one that will expire/finish)
6. Original or copy of Current Contract (the one that will expire/finish)
7. New Employment Contract (4 Pieces with same numbers/series)
8. Completely fill out OWWA OFW Information Sheet

#### Processing Fees

- ☞ OWWA Membership: HK\$ 196.00
- ☞ VERIFICATION: HK\$ 80.00
- ☞ AUTHENTICATION: HK\$ 200.00

Note: Application will ONLY be accepted 60 DAYS prior to the worker's EXPIRING VISA.  
Employment contracts will NOT be processed if this information sheet is not fully answered and if the required documents are incomplete.

Name	: _____	_____	_____
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
HK ID Number	: _____	Passport Number	: _____
Age	: _____	Passport Valid Until	: _____
Sex ( <i>M – Male; F – Female</i> )	: _____	Visa Expires On	: _____
Date of Birth	: _____	Religion	: _____
Place of Birth	: _____	Highest Educational Attainment (✓):	
Civil Status ( <i>S-Single; M – Married; W – Widow/er; SD – Separated;</i> )	: _____	_____ <i>Elementary</i>	_____ <i>College</i>
		_____ <i>High School</i>	_____ <i>Others</i>
Employer's Name	: _____	New Contract No.	: _____
Employer's HK ID No.	: _____	Old Contract No.	: _____

### CONTACT INFORMATION

HONG KONG	PHILIPPINES
Your address :	Your address :
Landline number :	Landline number :
Mobile number :	Mobile number :
Name of reference person :	Name of reference person :
Relationship :	Relationship :
His/ Her contact number :	His/ Her contact number :

### DOMESTIC HELPER'S FULL DECLARATION AND AUTHORIZATION TO WITHHOLD

*Revised: Jan2019jpv*

- I, \_\_\_\_\_ of legal age, do hereby declare:
- A. That the above information is true and correct to the best of my knowledge;
  - B. That I file this new Employment Contract in Philippine Consulate General in Hong Kong without the involvement, assistance or participation, in any nature or whatsoever, of an employment agency; and
  - C. That I am giving full authority and consent to Philippine Overseas Labor Office (POLO) to withhold all documents related to my application should there be any discrepancy or violation in this declaration.

This declaration is executed in connection with the verification of the aforesaid employment contract under Re-contract / Same Employer at the Philippine Overseas Labor Office (POLO) – Philippine Consulate General in Hong Kong.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF LABOR AND EMPLOYMENT  
**OVERSEAS WORKERS WELFARE ADMINISTRATION**



PLEASE FILL-OUT THIS FORM LEGIBLY

**OFW INFORMATION SHEET**  
**OWWA FORM**

DATE FILE \_\_\_\_\_

<b>FOR OWWA USE ONLY</b>	
LAST PAYMENT OF OWWA CONTRIBUTION _____	
OR NUMBER	_____
OR DATE	_____
VALIDITY DATE	_____
VERIFIED BY	_____

**OFW PERSONAL DATA**

(LAST NAME)	(FIRST NAME)	(MIDDLENAME)	(SUFFIX NAME) (SAMPLE JR. SR. III. JRA)
PHILIPPINE PERMANENT ADDRESS _____			
	(HOUSE NO.)	(LOT NO. BLK NO. PHASE NO.)	(STREET) (SUBDIVISION)
(BARANGAY)	(MUNICIPALITY/CITY)	(PROVINCE)	(ZIP CODE)
PHIL. MOBILE NO. _____	EMAIL/FACEBOOK _____	PASSPORT NO. _____	
BIRTHDATE. ____/____/____ MM DD YYYY	GENDER _____	RELIGION _____	CIVIL STATUS _____
HIGHEST EDUCATIONAL ATTAINMENT _____		COURSE _____	

**CONTRACT PARTICULARS**

COMPANY NAME \_\_\_\_\_ REGISTRATION CERT. NO. \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ **EMPLOYER HK ID NO.** \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER CONTACT NO. \_\_\_\_\_ JOBSITE / COUNTRY \_\_\_\_\_

OFW POSITION \_\_\_\_\_ OFW MONTHLY SALARY / CURRENCY \_\_\_\_\_ OFW CONTRACT DURATION \_\_\_\_\_

AGENCY NAME (if applicable) \_\_\_\_\_

**LEGAL BENEFICIARIES/QUALIFIED DEPENDENTS**

FULL NAME	RELATIONSHIP	DATE OF BIRTH MM/DD/YYYY	COMPLETE ADDRESS	CONTACT NO. EMAIL ADDRESS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
(SIGNATURE OF WORKER / OFW HK MOBILE NO.)