

TRANSFER

OFW Information Sheet

PROCEDURE:

1. Submit the requirements indicated below to Counter 6 for evaluation. Then pay verification fee (HK\$80)
2. Pay at WINDOW 7, 8, or 9 for OWWA membership (HK\$ 196.00)
3. ON the releasing date, Go to CASHIER (Counter 1, 2 or 3) at the PCG pay HK\$200 for authentication fee AND THEN proceed to Counter 12.

REQUIREMENTS:

1. Completely filled up OFW Information Sheet
2. Photocopy of Employer's Hong Kong I.D.
3. Photocopy of Helper's Hong Kong I.D.
4. Original and Photocopy of PASSPORT
5. Photocopy of Working Visa
6. Original Current Contract (the one that will expire/finish)
7. Four pieces of new Original Employment Contract with the same numbers/series
8. Photocopy of *Application for Change of Employment from Hong Kong Immigration (ID522)

**Applies to helper whose employment contract was pre-terminated*

Note: Application will only be accepted if the helper's visa is expiring/ will be finished 30 days on or before the date of submission. To be submitted only by helper or employer. Employment contracts will NOT be processed if this information sheet is not fully answered and if the required documents are incomplete.

Processing Fees

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

Name	: _____	Passport Number	: _____
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
HK ID Number	: _____	Passport Valid Until	: _____
Age	: _____	Visa Expires On	: _____
Sex (M – Male; F – Female)	: _____	ID522 Appointment Date	: _____
Date of Birth	: _____	Highest Educational Attainment (✓):	
Place of Birth	: _____	_____ Elementary	_____ College
Civil Status (<i>S-Single;</i> <i>M – Married; W – Widow/er;</i> <i>SD – Separated;</i>)	: _____	_____ High School	_____ Others
New Employer's Name	: _____	New Contract No.	: _____
Employer's HK ID No.	: _____	Old Contract No.	: _____

CONTACT INFORMATION

HONG KONG	PHILIPPINES
New employer's address :	Your Philippine address :
New employer's phone number:	Landline number:
Your mobile number :	Mobile number:
Reference person to be called :	Reference person to be called :
Relationship :	Relationship :
His/ Her phone number :	His/ Her phone number:

Revised: 29 May 2014

DOMESTIC HELPER'S FULL DECLARATION AND AUTHORIZATION TO WITHHOLD

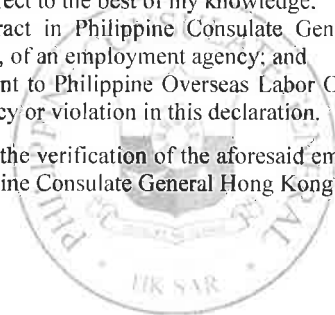
I, _____ of legal age, do hereby declare:

- that the above information is true and correct to the best of my knowledge;
- that I file this new Employment Contract in Philippine Consulate General HK SAR without the involvement, assistance or participation, in any nature or whatsoever, of an employment agency; and
- 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 Transfer / Change Employer at the Philippine Overseas Labor Office (POLO) – Philippine Consulate General Hong Kong SAR.

_____ Date

_____ Signature





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



Please fill-out this form legibly.

OFW INFORMATION SHEET

FOR OWWA USE ONLY:	
LAST PAYMENT OF OWWA CONTRIBUTION	
OR Number:	_____
OR Date:	_____
Validity:	_____
Verified by:	_____

Date: _____

PERSONAL DATA

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

Philippine Address: _____
House No. _____ Lot No. Block No. Phase No. _____ Street _____ Subdivision _____

Barangay _____ Municipality/City _____ Province _____ Zipcode _____

Tel. No.: _____ E-mail Address: _____ Passport No.: _____

Birthdate: ___/___/___ Sex: _____ Religion: _____ Civil Status: _____

Highest Educational Attainment: _____ Course: _____

CONTRACT PARTICULARS

Name of Company/Employer: _____

Address: _____

Tel No.: _____ Jobsite/Country: HONG KONG

Position: DOMESTIC HELPER Monthly Salary/Currency: HK\$ _____ Contract Duration: 24 months

Name of Agency (if applicable): _____

LEGAL BENEFICIARIES/QUALIFIED DEPENDENTS

Name	Relationship	Date of Birth	Address	Contact No./E-mail Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby certify that the above information is true and correct.

SIGNATURE & MOBILE No. of Worker