 **OVERSEAS WORKERS WELFARE ADMINISTRATION**
 Repatriation Assistance Division
 Project Care Slip

Vacationing OFW : _____ YES
 _____ NO

Complete name: _____
 (Last Name) (First Name) (Middle Name)

Male Female Birthday: ____/____/____
(mm/date/year)

Passport No.: _____ PCG Barcode: _____

Complete Final Address in the Philippines: _____

Occupation: _____

Jobsite: _____

Contact Number: _____

Email Address: _____

Contact Person: _____

Relationship: _____

Contact Number of Relative: _____


Signature:

(To be filled up by OWWA Officer)

Date of arrival: _____

Quarantine facility: _____

Remarks (if any): _____

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