



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): _____