

**PROCEDURE:**

Go to **OWWA (Counter 3 or 4 for payment of OWWA membership) (HK\$ 196.00) and verification fee (HK\$ 80.00)**

PHILIPPINE CONSULATE GENERAL - PHILIPPINE OVERSEAS LABOR OFFICE

# RECONTRACT

## OFW Information Sheet

**REQUIREMENTS:**

1. Completely filled up **OFW Information Sheet**
2. Copy of **Employer's Hong Kong I.D.** (may submit upon release of contract)
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 **Old Contract** (the one that will expire/finish)
7. **New Employment Contract** (4 Pieces with same numbers/series)
8. **OWWA Membership Chop** (can be obtained at OWWA upon OWWA membership payment)

**Processing Fees**

- ☞ **OWWA:** **HK\$ 196**
- ☞ **VERIFICATION:** **HK\$ 80**
- ☞ **AUTHENTICATION:** **HK\$ 200**

Note: Application will only be accepted if the helper's visa is expiring/ will be finish **60 days** on or before the date of submission. Employment contracts will **NOT** be processed if this information sheet is not fully answered and if the required documents are incomplete.

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

**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 :

Revised July2013

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

- 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 HK SAR 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 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

Date: \_\_\_\_\_

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

## PERSONAL DATA

Last Name	First Name	Name Ext. (e.g. Jr., III)	Middle Name
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Philippine Address:	House No.	Lot No. Block No. Phase No.	Street	Subdivision
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Barangay	Municipality/City	Province	Zipcode
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Contact 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: \_\_\_\_\_

Position: \_\_\_\_\_ Monthly Salary/Currency: \_\_\_\_\_ Contract Duration: \_\_\_\_\_

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 of Worker