PHILIPPINE OVERSEAS LABOR OFFICE
CONSULATE GENERAL OSAKA – LABOR SECTION
FINANCIAL ASSISTANCE FOR DISPLACED LANDBASED AND SEABASED FILIPINO WORKERS
AFFECTED BY THE CORONA VIRUS DISEASE (COVID-2019)
"DOLE-AKAP for OFWs"

Please supply all required information. Misrepresentation[1], false statement or fraud in this application or in any supporting document is ground for denial.

A **OFW DATA**

Name of OFW: _____ (Last Name) _____ (First Name) _____ (Middle Name) _____ (Suffix)

Birthdate (mm/dd/yy): ____ / ____ / ____ Passport No.: _____ Contact No.: _____

E-mail Address: _____ Facebook Account: _____

ADDRESS

Street Address: _____ Barangay: _____ Municipality: _____

Country of Deployment: _____ OFW Category ☐ Landbased ☐ Seabased

EMPLOYER/COMPANY DETAILS

Company Name _____

Company Address _____

Contact Person _____ Contact No.: _____

Documents Submitted:

☐ Photocopy of Valid Passport/Travel Document

☐ Airline Ticket **(For those in the Philippines) Date of Arrival** (mm/dd/yy): ____ / ____ / ____

☐ Proof of Overseas Employment (e.g., Valid Verified Employment Contract, OEC, Work Permit, Visa/Re-entry)

☐ Proof of loss of employment on account of COVID-19

☐ For **UNDOCUMENTED OFW -** Proof that the OFW is currently involved in an ongoing case (e.g., case reference number, case endorsement stamped by POLO, copy of the decision with English translation, etc.), copies of contract, pay slip, appropriate visa, or other proof of employment.

Option for Receipt of Financial assistance:

☐ Personal (at the POLO-Osaka office)

☐ Thru bank account of worker/applicant (use POLO-Osaka DOLE-AKAP Form 1-A)

☐ Thru bank account of beneficiary in the Philippines (use POLO-Osaka DOLE-AKAP Form 1-B)

I hereby certify that the information given herein are true and correct to the best of my knowledge.

_____ Date of Application

_____ Signature of Applicant

CONSENT

B

By applying, you consent to the collection, generation, use, processing, storage and retention of your personal data by the Department of Labor and Employment (DOLE) and Overseas Workers Welfare Administration (OWWA) for the purpose of your application for FINANCIAL ASSISTANCE FOR DISPLACED LANDBASED AND SEABASED FILIPINO WORKERS AFFECTED BY THE CORONA VIRUS DISEASE (COVID-2019) **"DOLE-AKAP for OFWs".** Further, you also authorize DOLE, OWWA and other relevant government agencies to contact you for further verification and validation.

[1] Misrepresentation of facts in this application includes fraudulent misrepresentation i.e. false statement that has a negative effect in the evaluation of the application made knowingly, or without belief in its truth, or recklessly whether it is true of false.