

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. Misrepresentation¹, false statement or fraud in this application or in any supporting document is ground for denial.

I hereby authorize the release of proceeds of my DOLE-AKAP application to the following account

Bank Name: _____

Bank Address: _____

Bank Account Name of Beneficiary: _____

Bank Account Number of Beneficiary: _____ SWIFT Code: _____

Address of Beneficiary: _____

Contact Number of Beneficiary: _____

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

Date

Signature over Printed Name

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 or false.