

OFW INFORMATION SHEET

CG No.:	
OFW ID #	
OEC No.:	
MEC No.:	
COC No.:	
RFP No.:	

PERSONAL DATA

Worker Name: _____
Family Name First Name Middle Name

Birth date: ____/____/____ Sex: Male Female Civil Status: Single Widowed Married Separated Divorced
M M D D Y Y Y Y TIN No. _____

Permanent Address: _____
No. / Bldg. Street / Barangay Municipality / City Province Religion _____
 Zip Code _____

Tel. No.: _____ Passport No.: _____ Mother's Maiden Name: _____

Highest Educational Attainment: _____ Date of Arrival: _____
for vacationing workers

For Seafarers only: SIRB No.: _____ SRC No.: _____

CONTRACT PARTICULARS

Name of Principal/Company/Employer: _____ Jobsite: _____

Address: _____ Vessel (for seafarers only): _____

E-Mail Address: _____ Tel./Fax No.: _____ Position: _____

Contract Duration: _____ mos _____ days Monthly Salary: _____ Currency: _____ Departure Date: ____/____/____
M M D D Y Y Y Y

Name of Agency: (if applicable) _____

BENEFICIARY DATA

Beneficiary Name: _____ Relationship to Worker: _____
Family Name First Name Middle Name

Allottee Name: _____ Relationship to Allottee: _____
Family Name First Name Middle Name

Permanent Address: _____ Tel. No.: _____
No. / Bldg. Street / Barangay Municipality / City Province Zip Code: _____

MEDICARE DEPENDENTS DATA (For OWWA-MEDICARE Members only)

<p>Name of Spouse (FAMILY NAME + FIRST NAME + MIDDLE INITIAL)</p> <p>_____</p> <p>Name of Children (FAMILY NAME + FIRST NAME + MIDDLE INITIAL)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Single Disabled Children Listed Above FIRST NAME</p> <p>_____</p> <p>_____</p> <p>Name of Parent FAMILY NAME + FIRST NAME + MIDDLE INITIAL</p> <p>_____</p> <p>_____</p> <p>SIGNATURE OF WORKER</p> <p>_____</p>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Birth Date</td> <td style="text-align: center;">Occupation</td> </tr> <tr> <td style="text-align: center;"><small>M M D D Y Y Y Y</small></td> <td></td> </tr> <tr> <td style="text-align: center;">____/____/____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">Birth Date</td> <td style="text-align: center;">Sex</td> <td style="text-align: center;">Status</td> <td style="text-align: center;">Employed</td> </tr> <tr> <td 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OEC No.:	
MEC No.:	
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RFP No.:	

PERSONAL DATA

Worker Name: _____

Family Name
First Name
Middle Name

Birth date: ____/____/____ Sex: Male Female Civil Status: Single Widowed Married Separated TIN No. _____

M M
D D
Y Y Y Y

Permanent Address: _____

No. / Bldg.
Street / Barangay
Religion _____

Municipality / City
Province
Zip Code _____

Tel. No.: _____ Passport No.: _____ Mother's Maiden Name: _____

Highest Educational Attainment: _____ Date of Arrival: _____
for vacationing workers

For Seafarers only: SIRB No.: _____ SRC No.: _____

CONTRACT PARTICULARS

Name of Principal/Company/Employer: _____ Jobsite: _____

Address: _____ Vessel (for seafarers only): _____

E-Mail Address: _____ Tel./Fax No.: _____ Position: _____

Contract Duration: _____ mos _____ days Monthly Salary: _____ Currency: _____ Departure Date: ____/____/____

M M
D D
Y Y Y Y

Name of Agency: (if applicable) _____

BENEFICIARY DATA

Beneficiary Name: _____ Relationship to Worker: _____

Family Name
First Name
Middle Name

Allottee Name: _____ Relationship to Allottee: _____

Family Name
First Name
Middle Name

Permanent Address: _____ Tel. No.: _____

No. / Bldg.
Street / Barangay

Municipality / City
Province
Zip Code: _____

MEDICARE DEPENDENTS DATA (For OWWA-MEDICARE Members only)

<p>Name of Spouse (FAMILY NAME + FIRST NAME + MIDDLE INITIAL)</p> <p>_____</p> <p>Name of Children (FAMILY NAME + FIRST NAME + MIDDLE INITIAL)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Single Disabled Children Listed Above FIRST NAME</p> <p>_____</p> <p>_____</p> <p>Name of Parent FAMILY NAME + FIRST NAME + MIDDLE INITIAL</p> <p>_____</p> <p>_____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Birth Date</th> <th style="text-align: center;">Occupation</th> </tr> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> <td>_____</td> </tr> <tr> <th style="text-align: center;">Nature of Disability</th> <th style="text-align: center;">Date Sustained</th> </tr> <tr> <td>_____</td> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <th style="text-align: center;">Birth Date</th> <th style="text-align: center;">Father/Mother</th> <th style="text-align: center;">Employed/Retired</th> </tr> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>	Birth Date	Occupation	M M / D D / Y Y Y Y	_____	M M / D D / Y Y Y Y	_____	M M / D D / Y Y Y Y	_____	M M / D D / Y Y Y Y	_____	M M / D D / Y Y Y Y	_____	M M / D D / Y Y Y Y	_____	M M / D D / Y Y Y Y	_____	Nature of Disability	Date Sustained	_____	M M / D D / Y Y Y Y	_____	M M / D D / Y Y Y Y	Birth Date	Father/Mother	Employed/Retired	M M / D D / Y Y Y Y	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	M M / D D / Y Y Y Y	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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SIGNATURE OF WORKER _____ AUTHORIZED AGENCY REPRESENTATIVE _____

OFW INFORMATION SHEET

CG No.:	_____
OFW ID #	_____
OEC No.:	_____
MEC No.:	_____
COC No.:	_____
RFP No.:	_____

PERSONAL DATA

Worker Name: _____
Family Name First Name Middle Name

Birth date: _____
M M D D Y Y Y Y

Sex: Male Female

Civil Status: Single Widowed
 Married Separated

Please see back of the info sheet for the
Terms and Condition of the
Visa Electron Facility

BANK ACCOUNT TO BE LINKED (OPTIONAL)

Please link my account to my OFW ID Card (for use at both POS and ATM)

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

BANK NAME: _____ BRANCH NAME: _____

Signature of OFW / Depositor: _____

FOR BANK USE ONLY

Delivery Instructions

POEA Branch _____ OWWA Branch _____

Others _____

Receiving Branch _____ Signature verified by: _____

OFW INFORMATION SHEET

CG No.:	_____
OFW ID #	_____
OEC No.:	_____
MEC No.:	_____
COC No.:	_____
RFP No.:	_____

PERSONAL DATA

Worker Name: _____
Family Name First Name Middle Name

Birth date: _____
M M D D Y Y Y Y

Sex: Male Female

Civil Status: Single Widowed
 Married Separated

PESO RULES AND REGULATIONS

As the depositor, by affixing your signature on the signature cards, you hereby agree to the following rules and regulations:

1. ATM Card and Personal Identification Number (PIN). Upon opening of a savings account, this account will be linked to your OFW ID Card which also serve as an ATM card. Once you choose your PIN on your OFW ID card, the PIN will be used in gaining access to the linked Savings account thru ATM machines of the Bank, Megalink and Bancnet ATM network as well as ATM Network abroad bearing Visa PLUS logo. The OFW assumes full responsibility for the security of his/her card and PIN as well as transactions made using the said OFW ID card and PIN.
2. DEPOSIT. All your deposits shall be evidenced by a Deposit Receipt acknowledged by you. The Bank only acts as a collecting agent of the depositor in receiving items for deposit, which, including check with second endorsements, it may refuse without any liability. Credit to the deposit's account shall be made only when actual payment is received by the Bank. The Bank reserves the right to charge back to the depositor's account any amount previously credited whether or not the deposited item is returned. Acceptance of cash deposited to a closed or suspended account is **not** an express or implied reopening of an account. Interbranch deposits shall be credited within a reasonable time but the Bank shall not be responsible for any delay in crediting such deposits.
3. WITHDRAWAL. Withdrawals must be made upon your presentation of your OFW ID Card which also serves as your ATM card on the Bank's PIN-Pads or Automated Teller Machines of the Bank, Megalink and Bancnet ATM network as well as ATM Network abroad bearing Visa PLUS logo. A withdrawal transaction may not be successful if the designated account is not properly funded.
4. MINIMUM BALANCE REQUIREMENTS. A minimum maintaining balance shall be required for all savings accounts. A monthly service fee shall be charged to your account whenever the average balance falls below the minimum balance requirement during the month. The Bank reserves the right to change the minimum balance requirements and the corresponding charges therein.
5. INTEREST. The savings account shall earn interest if it meets the required minimum balance. Interest is computed on the basis of average daily balance and is credited to your account periodically, as prescribed by the Bank and made part of the principal.
6. TAXES. The tax on interest earned is governed by the rates prescribed by law.
7. CLOSING OF ACCOUNT. For client-initiated closing of an account, a withdrawal slip shall be filled-up which must be made out for the entire amount of the balance outstanding to your credit. Savings accounts with zero balance for a period of 90 calendar days shall automatically be closed by the Bank. Accounts closed by the depositor within 90 days from opening shall be charged a minimum fee. Such amount shall not form part of the withdrawable balance for the first 90 days from date of the opening of the account.
8. DORMANT AND ESCHEAT ACCOUNTS. Dormant accounts are governed by CB Circular No. 1065. An account which remains inactive for two years shall be subject to a monthly service charge. Any account inactive for ten (10) years will be governed by the Unclaimed Balance Act (RA No. 3936). Upon the surrender of the account to the Treasurer of the Philippines, it ceases to be the liability of the Bank.
9. RETURN OF DEPOSITS. The Bank may invoke its right to close your account any time for any reason, of which closing you will immediately be notified personally or in writing.
10. DEBITING OF ACCOUNT. The Bank reserves the right to debit your account for the amount of all charges of handling your account. Should the depositor have any obligation due to the Bank, its subsidiaries and/or affiliates, the Bank shall be authorized to apply the balance of this account against such obligation.
11. OTHER LAWS. Your account shall be governed further by other existing regulations of the Bank, the Bankers Association of the Philippines, Bangko Sentral ng Pilipinas and the Bureau of Internal Revenue and by additional laws, rules and regulations which these institutions may issue from time to time covering this class of deposits. It is specifically agreed and understood that the provisions of Article 1250 of the Civil Code shall no apply in case of extraordinary inflation or deflation. You hereby agree to be bound by any change or revision in any of the foregoing terms and conditions without need of personal notice to you.

BANK ACCOUNT TO BE LINKED (OPTIONAL)

Please link my account to my OFW ID Card (for use at both POS and ATM)

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

BANK NAME: _____ BRANCH NAME: _____

Signature of OFW / Depositor: _____

FOR BANK USE ONLY

Delivery Instructions

POEA Branch _____ OWWA Branch _____

Others _____

Receiving Branch _____

Signature verified by: _____

herein is the same as the signature/s reflected in the signature cards of the account/s designated to be accessed and I/we authorize Equitable CardNetwork, Inc. to confirm all information from whatever source it may choose. I/We hereby authorize the payment of funds or transactions of other business on my/our account/s in favor of Equitable CardNetwork, Inc. for any and all OFW VISA Electron Card transactions pursuant to this Agreement and, if the account to be designated is a Joint (either/or) account, that either one of us is authorized to do whatever he/she so desires with the funds without the consent of the other depositor/s.

Bank Consortium here refers to the four other banks aside from Equitable PCI Bank who are joining in the linking of the respective bank's peso savings account to the OFW Visa Electron Card.

Members of the Bank Consortium are: Asiatrust Bank, Allied Bank, Development Bank of the Philippines, Landbank of the Philippines

TERMS AND CONDITIONS

1. Definition of Terms

a) **Electronic Data Capture (EDC) Terminal.** A Point of Sale (POS) terminal that reads the card details on the OFW VISA Electron Card magnetic stripe when the card is swiped through the terminal, without the need of a manual imprinter and/or having merchant's representatives manually enter the information.

b) **Primary Designated Account.** A peso savings account which the cardholder wants to be accessed for EDC transactions at VISA-affiliated merchant establishments within and outside the Philippines; for peso cash withdrawals from an Equitable PCI Bank's or any BancNet/MegaLink Automated Telling Machines (ATMs), and for dollar cash withdrawals at a VISA Electron affiliated ATM outside the Philippines.

2. **OFW VISA Electron Card.** The applicant/s whose application is approved (hereinafter referred to as cardholder/s for brevity) shall be issued an OFW VISA Electron Card bearing his/her card number. The cardholder assumes full responsibility for the security, custody and possession of his/her OFW VISA Electron Card and PIN as well as transactions made using the said OFW VISA Electron Card and PIN.

3. **Expiry and Renewal of the Card.** Unless earlier terminated by Equitable CardNetwork, Inc., voluntarily cancelled or returned by the cardholder or the designated account/s is/are closed for whatever reason by Equitable PCI Bank or the Bank Consortium, the OFW VISA Electron Card shall be valid up to the date indicated thereon and shall be automatically renewed after its expiration.

4. **OFW VISA Electron Card Transactions.** The OFW VISA Electron Card shall be used to make the following transactions on the designated account:

- a) Fund transfers in favor of Equitable CardNetwork, Inc. for OFW VISA Electron Card EDC transactions at VISA Electron affiliated merchant establishments.
- b) Cash Withdrawals through the ATM;

5. **Personal Identification Number (PIN).** The cardholder is required to obtain a Personal Identification Number (PIN) from an Equitable PCI Bank or Bank Consortium branch to gain access to the designated account/s and withdraw cash through any Equitable PCI Bank or BancNet/MegaLink ATMs or any ATMs outside the Philippines bearing the VISA Electron Symbol. For record purposes, cardholder may be required by Equitable PCI Bank or Bank Consortium to fill out an application form prior to pinning.

6. **ATM Transaction Fees.** The following transaction fees shall be imposed on all ATM transactions of the cardholder outside the Philippines:

US \$ 3.00 for every Electron ATM transaction approved;

US \$ 1.00 for every Electron ATM balance inquiry;

US \$ 1.00 for every Electron ATM transaction declined for reason insufficient funds and/or exceeds the daily transaction frequency.

7. **Conversion of Transaction.** If the designated account is a peso savings account and cardholder uses his OFW VISA Electron Card outside the Philippines, the transaction shall be converted to its peso equivalent based on the VISA Foreign Exchange rate at the time of the transaction.

8. **Transaction Receipt.** Transaction receipts are printed on tape by the ATM and may be taken or secured by the cardholder from the ATM itself after every ATM cash withdrawal. Transaction receipts for transactions at a Visa Electron affiliated merchant establishment is generated when the OFW VISA Electron Card is swiped through the EDC terminal of the merchant. The cardholder signs the said transaction receipt and retains a copy thereof.

9. **Denied/Declined Transactions.** A transaction may not be made by the cardholder if the designated account is not properly funded, or the EDC terminal at the merchant establishment is off-line, or the OFW VISA Electron Card is suspended/blocked for reasons of security. To this end, the cardholder shall hold Equitable PCI Bank or Bank Consortium and Equitable CardNetwork, Inc. free and harmless from any liability for these denied/declined transactions.

10. **Loss or Theft of Card.** In the event that the Card is lost or stolen, cardholder agrees to immediately report its loss by calling the twenty-four (24) hour Authorization Center of Equitable CardNetwork, Inc. and thereafter submitting an Affidavit of Loss, stating the time, date and place of the loss, and the last transaction made prior to the loss. However, purchases made/incurred arising from the use of the stolen/lost OFW VISA Electron Card before receipt by Equitable CardNetwork, Inc. of the written notice of loss shall be for the exclusive account of the cardholder even if the signature of the cardholder is forged.

11. **Miscellaneous Fees.** Cardholder agrees to pay the fees, which Equitable CardNetwork, Inc. may impose on lost card replacements, spoiled cards, etc.

12. **Non-transferability Clause.** The OFW VISA Electron Card as an ID Card is the property of Department of Labor and Industry. But the Visa Electron functionality of the OFW Visa Electron Card is the sole property of Equitable CardNetwork, Inc., non-transferable and honored by Equitable CardNetwork, Inc.'s VISA Electron affiliated merchants only when properly signed by and presented by the authorized cardholder. The Visa Electron privileges of the OFW VISA Electron Card may be terminated by Equitable CardNetwork, Inc. at any time for whatever cause and cardholder agrees to hold Equitable CardNetwork, Inc. free and harmless from any claim for damages arising from such termination. Continued use of the OFW VISA Electron Card as a debit and ATM card after receipt of notice shall be considered fraudulent.

13. **Other Agreements.** Transactions under this Agreement shall likewise be subject to Equitable PCI Bank's and Bank Consortium rules and regulations pertaining to savings accounts and the VISA credit card agreement, insofar as they are applicable.

14. **Venue of Action. Attorney's Fees.** Damages. Should judicial action be necessary to enforce this Agreement, or to collect the cardholder's obligation under this Agreement, venue of all actions shall be in Makati City. In case the account is referred to a collection agency or law firm, cardholder agrees to pay the costs of collection and attorney's fees.

15. **Separability Clause.** Should any provision of this Agreement be declared unconstitutional, invalid or unenforceable by a court of competent jurisdiction, such declaration shall not affect in any manner whatsoever the constitutionality, validity or enforceability of the other provisions of this Agreement.