**APPLICATION FOR**

**OWWA MEMBERSHIP RENEWAL**

***AND/OR***

**DOLE-AKAP**

I, *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of worker)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* currently working as *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(position or nature of work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* Wish to renew my membership with the Overseas Workers Welfare Administration (OWWA).
* Wish to avail of the Department of Labor and Employment’s Financial Assistance for Displaced Workers or DOLE-AKAP and declare that, at present, I am temporarily not working and receiving salary due to the effects of the COVID-19 pandemic, and I have not received nor qualified to receive any form of financial assistance from my employer or from the government of my host country.

Date and Place: *\_\_\_\_\_\_\_\_\_\_\_\_\_(example: 17 April 2020, Moscow, Russia)\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Signature or

eSignature of EMPLOYEE

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Printed Name and Signature or

eSignature of EMPLOYER

*NOTE: Signing this form does not bestow any obligation on the part of the employer insofar as the application is concerned.*