

Repatriation Investigation Form (RIF)

Personal Information			
Full Name:	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
Age :		Date of Birth:	
Contact No.		Email Address:	
Passport Information		Travel Document <i>(For Official Use to be filled up by Embassy Official)</i>	
Passport No.		Travel Document No:	
Issued By:		Issued By:	
Date Issued:		Date Issued:	
Travel Information			
Host Country	UNITED ARAB EMIRATES		Name of Post: Abu Dhabi PE
Name of Case Officer:	COLEEN MARIE V. JARIOL		
Date of Departure from PH:		Did you transit in a country other than your country of final destination? If yes, please indicate.	
Did you work abroad?	<input type="radio"/> Yes <input type="radio"/> No		
Classification	<input type="radio"/> Documented OFW <input type="radio"/> Undocumented OFW		
If a documented worker	<input type="radio"/> OWWA Member <input type="radio"/> Non-OWWA Member <input type="radio"/> Referred to POLO <input type="radio"/> No POLO available		
Nature of Work:		Name of Employer:	
If an undocumented worker, how did the OF become one? <i>(Check all that's applicable)</i>			
<input type="radio"/> Used tourist visa and worked <input type="radio"/> Expired working permit <input type="radio"/> Expired Contract <input type="radio"/> Others:			
Nature of Hiring:	<input type="radio"/> Direct Hire <input type="radio"/> Recruited <input type="radio"/> Referred by a friend / relative		
Is the OF a possible TIP case?	<input type="radio"/> Yes <input type="radio"/> No		
If yes, how?	<input type="radio"/> Sexual Exploitation <input type="radio"/> Forced Labor <input type="radio"/> Organ Trafficking <input type="radio"/> Marriage Trafficking <input type="radio"/> Illegal Recruitment <input type="radio"/> Others:		
Did the OF commit any violation of the Host Country's laws?	<input type="radio"/> Yes <input type="radio"/> No		
Nature of Violation	<input type="radio"/> Criminal <input type="radio"/> Civil <input type="radio"/> Immigration		

I, _____, hereby state and confirm the abovementioned information and fully authorize the Department Foreign Affairs to use and transmit the said information for the processing of my request for assistance and other-related concerns. I have full understanding on the nature of the request/s sought. Lastly, I have voluntarily elected to disclose the abovementioned information.

Client's Signature