



EMBASSY OF THE REPUBLIC OF THE PHILIPPINES TRIPOLI, LIBYA

CASE FORM					
GENERAL INSTRUCTIONS: Please write legibly. Do not leave any items blank. Write "N/A" if the information required is not applicable or non-existent. Attach supporting documents as necessary.					
I. NATURE OF CASE (Check all that applies.)					
ITEMS	PERIO	D COVERED	AMOUNT (Specify Currency)	SUPPORTING DOCUMENTS PRESENTED (Please attach a copy)	BRIEF DETAILS
	From	То			
□ SALARIES					
☐ BENEFITS					
□ Gratuity Payment					
□ Leave Benefits					
□ Unused Plane Tickets					
□ Others:					
□ REMITTANCES					
□ INSURANCE CLAIMS					
□ VISA					
□ OTHERS:					
II. SUBJECT EMPLOYER/COMPANY					
NAME OF EMPLOYER/COMPANY				□ PUBLIC □ PRIVATE	
ADDRESS OF EMPLOYE	ĒR				
CONTACT NUMBER/S		STILL WORKING WITH THE EMPLOYER? □ YES □ NO			
EMAIL ADDRESS			SALARY PER CONTRACT		
START OF EMPLOYMENT (MM-DD-YYYY)			END DATE (MM-DD-YYYY)		
LENGTH OF CONTRACT			ACTUAL SALARY		
NAME OF AGENCY (if any)					
COMPLETE ADDRESS OF AGENCY					
MOBILE NO. / EMAIL OF AGENCY					
III. PERSONAL DETAILS					
COMPLETE NAME					
STILL IN LIBYA?	□ YES □ NO	□ YES □ NO			
CURRENT ADDRESS					
CURRENT EMPLOYER					
PASSPORT NUMBER		s		MALE FEMALE	
ISSUING AUTHORITY					
DATE OF BIRTH (MM-DD-YYY			EMAIL ADDRESS		
ADDRESS IN THE PH					
NAME OF NEXT-OF-KIN (NOK)					
CONTACT NUMBER OF NOK					
LEAVE THIS PORTION FOR THE EMBASSY					
Received By:				□Employer □MOH □MOLR □Others,	
Date Received:			Supporting Documents:	□Yes □No	
Verified By:			Reference Number:	CN-2022-TPE-	