

File

Embassy of the Republic of the Philippines
Warsaw, Poland

ASSISTANCE TO NATIONALS FORM

Date: _____

Name: _____ Age: _____

Address in Poland: _____

Address in the Philippines: _____

Complaint / Request Unbearable work / living conditions Unpaid / Delayed salaries
Reklamo / Hiling Contract violation Lost work / Displaced Repatriation / stranded

_____ Signature

RAMON M. EBALO
ATN Officer