

Application for Use of Files

Application Number: _____

Name		Birth date: Year Month Day	Identity document number	Residence (home) address, contact number		
Applicant				Address: _____ _____ _____ Tel:(H) _____ _____ (O) _____ _____ e-mail: _____ _____ _____ _____ Tel: _____ (H) _____ (O) _____ e-mail: _____ _____ _____ Address: _____ _____ _____ Tel: _____ (H) _____ (O) _____		
※Relationship between agent and applicant ()						
※Legal person, group, office or business office name: _____ Address: _____ (Please fill in the information of the manager or representative in the above applicant field)						
No.	Please check the file directory first and fill in		Application items (multiple choices)			
	File number	File name or content summary	Reviewing Copying	Copy on paper		Copy electronic file
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions

1. Those marked with ※, please fill in as needed, and please also complete the other fields.
2. Identification number: please fill in the ID card number, passport number or residence permit number.
3. If the agent is a designated agent, please issue a letter of appointment; If you are a legal agent, please provide a copy of relevant certification documents. If the application contains personal privacy information, please attach identification documents.
4. Legal persons, organizations, offices or business offices should attach a copy of the registration certificate.
5. File using approval/refusal decision of this branch are handled in accordance with the provisions of Article 18 of the Archives Act, Article 18 of the Government Information Disclosure Law, Article 46 of the Administrative Procedure Law, and other ordinances.
6. Reviewing, hand-copying or photocopying files shall be made at the time and place specified by this branch.
7. Reviewing, hand-copying, or photocopying files shall keep the files intact and shall not:
 - (1) Adding notes, altering, replacing, extracting, spotting or defaced files.
 - (2) Dismantle the files that have been bound.
 - (3) Destroying the file or changing the content of the file by other methods.
8. The fees for reviewing, hand-copying, or photocopying archives shall be handled in accordance with the “Standard for Charges for Duplication of Archives for Reading and Copying” set by the Archives Administration of the National Development Commission.
9. After the application form is completed, it can be delivered to this
branch in person or in writing. Address: 12th Floor, North
Building, No. 439, Zhongping Road, Xinzhuang District,
New Taipei City.
Phone: (02) 8995-6888 # 392.
10. File application place:
Address: 12th Floor, North Building, No. 439, Zhongping Road, Xinzhuang
District, New Taipei City.
Phone: (02) 8995-6888 # 392.
Opening hours: Monday to Friday 9 am to 11:30 am and 2 pm to 4:30 pm;
national holidays are not open.
11. If the application field of this form is not enough, please write on a separate sheet and bind it after the application.