

**Application for Use of Files**

Application Number: \_\_\_\_\_

Name		Birth date:	Identity document number	Residence (home) address, contact number		
Applicant				Address: _____		
				Tel: (H) _____		
※ Relationship between agent and applicant (       )				_____ (O) _____ e-mail: _____ _____ _____ Tel: _____ (H) _____ (O) _____ e-mail: _____ Address: _____ _____ Tel: _____ (H) _____ (O) _____		
※ 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"/>
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

※The serial number \_\_\_\_\_ is necessary to use the original file for the following reasons:

※Purpose of application: ☐Historical research ☐Academic research ☐Evidence verification  
☐Business reference ☐Protection of rights and interests  
☐Other (please specify purpose):\_\_\_\_\_

To     New Taipei Branch, Administrative Enforcement Agency, Ministry of Justice  
Applicant's signature / seal:\_\_\_※Agent's signature / seal:\_\_\_    Date of Application:

Please read and attach the instructions

### 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.