

Application Form for Exercising Rights of The Party

Date : mm dd yyyy

Application Items	<input type="checkbox"/> Inquire/Review <input type="checkbox"/> Provide duplication <input type="checkbox"/> Supplement or correction <input type="checkbox"/> Discontinue processing or use <input type="checkbox"/> Delete		
Information requested/ File Name			
Reason for the request			
Basic Information of the Party			
Name		Contact Tel No.	
Certified Document: <input type="checkbox"/> ID Card <input type="checkbox"/> Medical Card <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other			
Basic Information of the Applicant's Proxy			
(Please fill in the following information, if applied for by an agent)			
Name		Contact Tel No.	Relation to the Party
Power of Attorney: <input type="checkbox"/> Yes <input type="checkbox"/> No Certified Documents of the Party: <input type="checkbox"/> ID Card <input type="checkbox"/> Medical Card <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other Certified Documents of the Proxy: <input type="checkbox"/> ID Card <input type="checkbox"/> Medical Card <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other			
Applicant's Signature (If the applicant and the party are not the same person, the proxy must provide a signature.)			
Remarks	<ol style="list-style-type: none"> 1. Please choose one original document mentioned above for certification, and return it immediately after verification. 2. A request to inquire, review or provide duplication will receive a reply within 15 days from the date of submission. The extension period will not exceed 15 days, and the party will be notified of reasons for extension in writing. 3. Any request to supplement, correct, delete, and discontinue processing or to use the information will receive a reply within 30 days from the submission date. The extension period will not exceed 30 days, and the party will be notified of the reasons for an extension in writing. 4. According to the Personal Information Protection Act, Article 10 and 11, provisions are made for specific circumstances in which the application will be rejected, and the party will be notified of the reasons. 5. A request to inquire, review or provide duplication will incur an additional charge based on the related regulation. 		
Handling Procedure (The following form will be completed by the receiving unit.)			
Application Approval		<input type="checkbox"/> Fees NTD_____	
		<input type="checkbox"/> Free of Charge	

<p>Extending the Duration of the Reply</p>	<p><input type="checkbox"/> No need to extend the time of the reply.</p> <p><input type="checkbox"/> The time of the reply will be extended for _____ days.</p> <p>Reason:</p>
<p>Supervisor's Signature</p>	
<p>Approval Conditions</p>	<p><input type="checkbox"/> Application approved</p> <p><input type="checkbox"/> Application rejected.</p> <p>Reason:</p>