

_____government Business Registration Application Form

Acceptance type:

From applicant

Commissioned (agent information must be filled out)

Application date: □□□(y)□□(m)□□(d)

Uniform invoice number:		Reservation no.:	
Contact tel.:	Fax:	<input type="checkbox"/> Including Overseas Chinese/foreign investors <input type="checkbox"/> Including Mainland China investors	
Pick-up method: <input type="checkbox"/> Accept in person <input type="checkbox"/> Postal delivery		Mailing address: <input type="checkbox"/> Place of business <input type="checkbox"/> Agent's address:	

Application items	Business establishment/ change					Amount of capital			□ responsible person/□Partner/□Manager			
	Establishment	Name change	Change of business items	Change of business address	address doorplate correction	Increase in capital	Reduction in capital	Change capital contributions	Appointment/change/dismissal	Name change	Address change	Address doorplate correction
	Business establishment/ change					Business status			Other items			
	Move in from another city or county	Business merger	Inheritance registration	Transfer registration	Change in organization	Registration of operation by legal agent	Suspension of business	Resumption of business	Termination of business	Change of uniform invoice	Correction	Other
Reasons for other items												

Basic information	Business name											
	Address		Postal code	County/municipality	City/town/township/district	Village/borough	Street address, floor, room number					
			Capital		(NT\$)			Organization	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership			
	responsible person	Name					Personal identification number					
		Address	Postal code	County/municipality	City/town/township/district	Village/borough	Street address, floor, room number					
Period of suspension of business		Suspension of business from ___/___/___ to ___/___/___										
Reason for suspension of business												
Business resumption date		Resumption of business from ___/___/___										
Business termination date		Termination of business from ___/___/___										
Agent							Contact tel.					

※Approval date: □□□(y)□□(m)□□(d)

※Acceptance no.: □□□□□□□□□□

seal of bussiness	Seal of responsible person

© The business premises in which you conduct your actual business services must comply with urban planning, building management, and fire safety laws and regulations, and any violations shall be punished in accordance with such relevant laws and regulations. Please fill out and submit a "Business Premise Land Use Zoning Control and Building Management Regulation Query Form" determined by the Ministry of the Interior (this form can be obtained from the local government urban planning or building management unit, or from a business premise reservation service counter) to the local government urban planning or building management unit in charge of your place of business when applying for checking whether the actual business premises meet land use zoning control and building management regulations.

※ Official business record seal field	※ Serial number

