



_____ government Business Inspection/ Transmission/Verification Application Form

Pick-up method: Accept in person Postal delivery Application date: (y) (m) (d)

Mailing address: Business address Address of interested party Agent's address:

Application Items	Uniform invoice number		Name			
	Inspection	<input type="checkbox"/> Most recent time <input type="checkbox"/> Historical data				
	Duplicate	<input type="checkbox"/> Transcript of business registration (<input type="checkbox"/> Most recent time <input type="checkbox"/> Historical data) <input type="checkbox"/> Registration document _____ <input type="checkbox"/> Written <input type="checkbox"/> Electronic records <input type="checkbox"/> Others			__ copies	
	Verification	Proof of business registration	__ copies	Proof of suspension of business registration	__ copies	
		Proof of change of registration items	__ copies	Proof of termination of business registration	__ copies	
		Proof of qualifications of responsible person	__ copies	Proof of cancellation of business registration	__ copies	
Proof of qualifications of partners		__ copies	Proof of revocation of business registration	__ copies		
Proof of qualifications of manager		__ copies				
Reason						

Applicant (fill in one)	Business	Uniform invoice number				responsible person													
		Name																	
		Address	Postal code	County/ municipality	City/ town/ township/ district	Village/ borough	Street address, floor, room number												
	Interested party	Applicant name				Personal ID number/ Uniform invoice number													
		Name of responsible person																	
		Contact address	Postal code	County/ municipality	City/ town/ township/ district	Village/ borough	Street address, floor, room number												
	Tel.											Fax number							
	E-mail																		
Agent											Contact tel.								
Business seal impression/ applicant's seal impression										Seal impression of statutory responsible person (not required on applications from individuals)									

※Approval date: □□□□ (y) □□(m) □□(d)

※Acceptance no.: □□□□□□□□□□

Note 1: In order to ensure clarity and facilitate computer processing, please type or print out using a computer; please use Arabic numerals for all numbers, and please do not fold, cut and mend, use tape, erase, or modify.

Note 2: ※Please do not write in fields including the approval date, acceptance number, official business record seal, and serial number fields.

