

# Application for Access to Archives of Ocean Affairs Council and Its Affiliated Agencies

Agency : Ocean Affairs Council

Application No. : \_\_\_\_\_

Name	Date of birth	ID number	Address, phone number & email	
Applicant :			Address :  Phone : (H) _____ (O) _____ e-mail : _____	
※ Representative :  Relationship with the applicant (            )			Address :  Phone : (H) _____ (O) _____ e-mail : _____	
※ Name of corporation, organization, firm, or business establishment : Address : (The information of managers or representatives shall be filled in the blanks of “Applicant”)				
No.	File number	File name or subject of content	Items applied for (Multi-selectable)	
			Viewing & hand-cop- ying	Duplicating
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>
※ If there is necessity for the originals of No. _____, please write down the reason : _____				
Purpose of application : <input type="checkbox"/> Historical Research <input type="checkbox"/> Facts Certification <input type="checkbox"/> Rights Protection <input type="checkbox"/> Academic Research <input type="checkbox"/> Professional Reference <input type="checkbox"/> Inquiry for Individual or Concerned Parties <input type="checkbox"/> News Report <input type="checkbox"/> Others (please state the purpose) : _____				
Submitted to the Ocean Affairs Council. Applicant's signature : _____ ※ Representative's signature : _____ <div style="text-align: right;">Date (yy/mm/dd) : _____</div>				

Please read the instructions on the back.

## Instructions for Filling Out the Application Form

1. Fill out the sections marked with “※” if necessary. Complete all other sections.
2. For “ID number” please fill out your ID number or passport number.
3. For an authorized representative, please submit a letter of authorization; while for a legal representative, please submit copies of relevant documentary proofs. If an application involves access to personal privacy, please submit documentary evidence of the relationship.
4. Juridical persons, organizations, agencies, or businesses shall attach a copy of registration certificate.
5. The application may be rejected according to Article 18 of Archives Act, Article 18 of Openness of Government Information Act, and Article 46 of Administrative Procedure Act.
6. Viewing, hand-copying or duplicating of archival records shall be conducted at the place and time designated by the Ocean Affairs Council, and acts listed in the seventh and eighth item of the Directions for Archival Application of the Ocean Affairs Council and Its Affiliated Agencies are not permitted.
7. After the application is completed, the agency shall collect fees from the applicant and issue a receipt in accordance with the Fee Standards for Viewing, Hand-copying or Duplicating of Archives by the National Archives Administration, National Development Council.
8. The application is open from Monday to Friday, 8:30 am to 12:00 pm, and 1:30 pm to 5:00 pm. Holidays and national holidays are not open to the public.
9. Please submit the completed application form with relevant supporting documents in person or by post; if it is certified by an electronic signature certificate authority, it can also be submitted by electronic transmission. Address: 4F., No. 25, Chenggong 2nd Rd., Qianzhen Dist., Kaohsiung City 80661, Taiwan (R.O.C.) Phone: +886-7-3381810.
10. If the application column of this form is not enough for use, please write on a separate sheet and bind it after the application form.