

# Application for Access to OCAC's Archives Application Form No. :

Name	Date of birth	ID number	Address, phone number & email		
Applicant :			Address :		
			Phone : ( H ) _____ ( O ) _____		
			e-mail :		
※ Representative :			Address :		
Relationship with the applicant :			Phone : ( H ) _____ ( O ) _____		
			e-mail :		
※ Name of the corporation, organization, firm, or business establishment : _____ Certificate of Registration : _____ Address : _____ (Please put representative information in the preceding "Applicant" field.)					
No.	File or Reference number	Description or summary of content	Number of items	Intended ways of accessing (tick one or both)	
				Viewing & Copying	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"/>
6				<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>
※ I require the original file(s) of File no. _____ for the following reason: _____					
Purpose of application: <input type="checkbox"/> historical research <input type="checkbox"/> academic research <input type="checkbox"/> evidence verification <input type="checkbox"/> business purposes <input type="checkbox"/> rights protection <input type="checkbox"/> other purposes (please explain in detail) : _____					
※ Will bring my portable computer : <input type="checkbox"/> Yes <input type="checkbox"/> No    ※ Will bring my portable media device : <input type="checkbox"/> Yes <input type="checkbox"/> No					
The request is hereby submitted to the Overseas Community Affairs Council					
Applicant's signature : _____ ※ Representative's signature : _____ Date : _____					

### **Instructions for Filling out the Application Form**

- I. Fields marked with “※” are optional. All other fields are required.
- II. For “ID Number” please fill out your ID card or passport number.
- III. An appointed representative should submit a letter of appointment; a legal representative should submit copies of supporting documents. Where an application involves access to personal information, proof of relationship must be provided.
- IV. A copy of the registration certificate is required for corporations, organizations, firms, or business establishments.
- V. The OCAC may deny the application if the files meet any of the descriptions stated in Article 18 of the Archives Act.
- VI. The applicant shall access the files in the place and time designated by the OCAC.
- VII. The applicant who applies to access the files shall abide by the Directions for the Archives Access and the Use of Government Information of the Overseas Community Affairs Council and refrain from the following behavior :
  1. Annotating, altering, replacing, removing, marking, or damaging the files.
  2. Removing the binding of the files.
  3. Destroying or altering the content of the files in any other way.
- VIII. The applicant who applies to access the files shall be charged a fee in accordance with the Fee-charging Standards for Using Government Information of the Overseas Community Affairs Council.
- IX. Completed application forms may be submitted to the OCAC by mail :

Address : 17F, No.5, Xuzhou Rd., Zhongzheng Dist., Taipei City  
10055, Taiwan (R.O.C.)

Phone : 886-2-23272886