

Personal Information Disclosure Request Form

Application Date:	(year/month/day)	
Information of Applicant:	Name:	Signature: <small>(When the applicant is not the data subject involved, this form should be signed by a representative and accompanied by relevant supporting documents.)</small>
	Identification No.:	
	Contact phone number:	
	Address:	
Content of Personal Data:	Please list the personal data that you would like to inquire about, access, request copies of, supplement, correct, stop collecting, stop processing or stop using, or delete:	
Matters of Request:	Please select the right(s) you would like to exercise (multiple selections allowed): <input type="checkbox"/> 1. Inquiry <input type="checkbox"/> 2. Access <input type="checkbox"/> 3. Obtain copies <input type="checkbox"/> 4. Supplement <input type="checkbox"/> 5. Correct <input type="checkbox"/> 6. Cessation of Collection <input type="checkbox"/> 7. Cessation of Processing <input type="checkbox"/> 8. Cessation of Use <input type="checkbox"/> 9. Delete	
Explanation of Reasons for Request:		
Attached documents:	<input type="checkbox"/> A copy of the applicant's identification document (ID card, health insurance card, driver's license, or passport, etc.) <input type="checkbox"/> For applicants who apply through an agent, please submit the original authorization document (a Power of Attorney signed by the applicant) and a copy of the agent's identification document. <input type="checkbox"/> If the applicant is a minor or an adult under a guardianship order, and the application is being submitted by their legal representative or legal guardian acting on behalf of the applicant, the following documents should be provided: (1) a copy of the identification document of the legal representative or legal guardian, and (2) a copy of the document issued by a public authority certifying the legal representative or legal guardian of the applicant. <input type="checkbox"/> Proof documents for supplementary or correction to personal data.	
Collection Method:	<input type="checkbox"/> Please email to: or <input type="checkbox"/> Please mail to: or <input type="checkbox"/> Please fax to:	
Declaration:	<input type="checkbox"/> The information and attached documents provided by the applicant are true, and the applicant is willing to take legal responsibility for any falsehood. <input type="checkbox"/> If the application is made by an agent on behalf of the applicant, the information and attached documents provided by the agent are true, and the agent is willing to take legal responsibility for any falsehood.	
Note:	1. The proof documents attached to this application form are intended to verify the identity of the applicant and will be promptly destroyed upon completion of the exercise of rights. 2. For each application, the Company will charge a processing fee of NTD 200. If the applicant requests to collect the documents by mail, postage fees will be charged separately. 3. Once the Company has verified and confirmed the identity, the application will be processed according to the following schedule. If an extension is needed, the reason for the extension will be communicated to the applicant: (1) For applications for inquiries, access, or provision of copies, the Company will respond within 15 days of application acceptance. An extension of up to 15 days may be granted if necessary. (2) For applications for supplements or corrections, requests for deletion, cessation of collection, cessation of processing, cessation of use, or limiting processing, the Company will respond within 30 days of application acceptance. An extension of up to 30 days may be granted if necessary.	

	4. In the event of legal grounds for refusal, the Company will reject the application in accordance with the law. Upon rejection, the reason for the refusal will be disclosed.
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