

Receipt of MOHW Childbirth Accident Relief Fund

Application No.:

I hereby acknowledge receipt of the Childbirth Accident Relief Fund of
NTD _____ from the Ministry
of Health and Welfare.

New Taiwan Dollar (NTD) (in English alphabet)	Million	Hundred Thousand	Ten Thousand	Thousand	Hundred	Ten	Dollars Only

(Please fill the numbers in English alphabet, i.e., one, two, three, four, five, six, seven, eight and nine, and place a horizontal line in boxes if not applicable.)

e.g.,

NTD	Million	Hundred Thousand	Ten Thousand	Thousand	Hundred	Ten	Dollars Only
			One				

Recipient signature: _____ (Please sign and seal)

Recipient's National ID No.: _____

Relationship to Applicant / Claimant:

Myself Legal Representative Authorized Agent

Permanent Address: _____

Phone Number: _____

Name of Beneficiary Bank: _____

Account Name: _____

Account Number: _____

Date: _____ (mm/dd/yyyy)

Note: 1. Recipient is the claimant, legal representative, or his/her authorized agent of the childbirth accident relief fund as stipulated in Article 8 of the Childbirth Accident Emergency Relief Act.

2. If the recipient is an authorized agent, please attach Power of Attorney of the claimant or legal representative.