

National Academy of Marine Research

Application for Access to Archival Records

Application Form No.:

Page ___ of ___

Name	Date of birth	ID number <small>*Please read the instructions II</small>	Address, phone number & email
Applicant:			Address: _____ Phone: _____ e-mail: _____
Representative: <small>※Relationship with the applicant () *Please read the instructions III</small>			Address: _____ Phone: _____ e-mail: _____

※Name of corporation, organization, firm, or business establishment: _____
 Address: _____
 (Fill in information on the administrator or representative in the preceding field.)

Applicant's occupation: Military Government employee School faculty or staff Commerce
Self-employed Service industry Organization / Institution Student Other: _____

No.	File number	Description or subject of content	Items applied for (More than one selection may be made) <small>*Please read the instructions IX</small>			
			Viewing & hand-copying	Duplicating		Electronic file
				Black & white	Color	
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To apply for more than 5 items, please fill out next page.

※Records from the National Archives shall principally be provided in the form of photocopies. If there is necessity for the originals of No. _____, please write down the reason: _____.

Purpose of application: Historical Research Search for evidence Safeguard the rights of a person Academic research Reference for business purposes, etc. Information search by the applicant or an associate News Publishing
Other (please explain in detail): _____

Other notes: _____

Submitted to the National Academy Administration, National Development Council, R.O.C.

Applicant's signature: _____ ※Representative's signature: _____ Date: _____

Please read the instructions on the back.

Instructions for Filling out the Application Form

- I. Fill out the sections marked with “※” if necessary. Complete all other sections.
- II. For “ID Number” please fill out ID card or passport number, with copy of valid ID.
- III. An appointed representative should submit a letter of appointment; a statutory representative should submit copies of supporting documents. Where an application involves access to personal information, proof of relationship must be furnished.
- IV. Legal person, groups, and offices should submit copies of the registration certificate.
- V. The approval of Application for Access shall be handled in accordance with Article 18 of the Archives Act, Article 18 of the The Freedom of Government Information Law, Article 46 of the Administrative Procedure Law and other laws and regulations.
- VI. Anyone who applies to view, copy, or duplicate archival records shall be made at the time and the place assigned by the NAMR.
- VII. Viewing or hand-copying of archival records is free of charge. The standard fees for duplication of archives are charged in accordance with the Fee Standards for Viewing, Hand-copying or Duplication of Archives which amended on September 20, 2018.
- VIII. The open hours of Application for Access: 8:30 AM-12:00PM; 13:30 PM-17:00PM (Monday to Friday).
- IX. After filling out the forms, the following are the relevant ways of application and contact information:
 - Completed application forms may be submitted to the NAMR by mail, fax and e-mail.
 - Address: 11F-1, No. 25, Chenggong 2nd Rd., Qianzhen Dist., Kaohsiung City 806, Taiwan (R.O.C.)
 - Phone: +886-7-3382097, Fax: +886-7-3383025, E-mail: naormaster@naor.oac.gov.tw