

記入例

## 入出國日期證明書申請表

2020 年(Y) 09 月(M) 09 日(D)

## APPLICATION FOR CERTIFICATE OF ENTRY AND EXIT DATES

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                                                                                                                                                                                                                            |         |                   |                                                                                                                                                                                                                                                                  |                                  |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------|
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (被) 申請人<br>Name of Applicant / Respondent                                                                                                                                                                                                                                                                                                | 性別<br>Sex                                                               | 西元出生日期<br>Date of Birth                                                                                                                                                                                                                                                                    |         |                   | 國 籍<br>Nationality                                                                                                                                                                                                                                               | 身分證或護照號碼<br>I.D. or Passport No. | 電 話<br>Tel. No.   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 橫濱 太郎                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | 1990<br>Y                                                                                                                                                                                                                                                                                  | 01<br>M | 01<br>D           | 日本                                                                                                                                                                                                                                                               | A B 1 2 3 4 5 6 7                | 080-<br>1234-5678 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E - Mail                                                                                                                                                                                                                                                                                                                                 | yok @ mofa. gov. tw                                                     |                                                                                                                                                                                                                                                                                            |         |                   |                                                                                                                                                                                                                                                                  |                                  |                   |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 入出國日期期間：<br>(Select the Period of Entry and Exit Dates)：<br>どちらか片方を <input checked="" type="checkbox"/><br><input type="checkbox"/> 最近一次入出國日期最近一回の入出国日のみ<br>(Dates of Last Entry and Exit)<br><input type="checkbox"/> 自 (From) _____ 年 (Y) 至申請前一日止<br>(To The Day Prior To Application Date)<br>↑ _____ 年から今日までの記録<br>歴年と書けば出生から現在までの記録 |                                                                         |                                                                                                                                                                                                                                                                                            |         |                   | 附件(Attachment)：<br><input type="checkbox"/> 具起迄地之「入出境紀錄」<br>(限設有戶籍國民申請證明書時一併請領)<br>(Entry and Exit Record for R.O.C. Nationals with Household Registration Only)<br>↑ 日付だけでなくどの国からどの国へ渡航したかの記録も欲しい方は <input checked="" type="checkbox"/><br>[戶籍がある台湾国籍の申請者のみ申請可] |                                  |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                                                                                                                                                                                                                            |         |                   |                                                                                                                                                                                                                                                                  |                                  |                   |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 代理 (受委託) 人<br>Name of Authorized Agent                                                                                                                                                                                                                                                                                                   | 性別<br>Sex                                                               | 西元出生日期<br>Date of Birth                                                                                                                                                                                                                                                                    |         |                   | 國 籍<br>Nationality                                                                                                                                                                                                                                               | 身分證或護照號碼<br>I.D. or Passport No. | 電 話<br>Tel. No.   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F            | Y                                                                                                                                                                                                                                                                                          | M       | D                 |                                                                                                                                                                                                                                                                  |                                  |                   |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 利害關係 (代表) 人<br>Name of Concerned Parties                                                                                                                                                                                                                                                                                                 | 性別<br>Sex                                                               | 西元出生日期<br>Date of Birth                                                                                                                                                                                                                                                                    |         |                   | 國 籍<br>Nationality                                                                                                                                                                                                                                               | 身分證或護照號碼<br>I.D. or Passport No. | 電 話<br>Tel. No.   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F            | Y                                                                                                                                                                                                                                                                                          | M       | D                 |                                                                                                                                                                                                                                                                  |                                  |                   |
| 檢附利害關係證明文件 (Type of Documents Attached)<br><input type="checkbox"/> 訴訟 (Litigation) <input type="checkbox"/> 稅務 (Tax) <input type="checkbox"/> 戶政 (Household Registration)<br><input type="checkbox"/> 兵役 (Military) <input type="checkbox"/> 健保 (Health Insurance)<br><input type="checkbox"/> 其他 (Other) _____                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                                                                                                                                                                                                                            |         |                   |                                                                                                                                                                                                                                                                  |                                  |                   |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 申 請 用 途 (Application Purpose(s))：                                                                                                                                                                                                                                                                                                        |                                                                         |                                                                                                                                                                                                                                                                                            |         |                   |                                                                                                                                                                                                                                                                  |                                  |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 例：免許切替                                                                                                                                                                                                                                                                                                                                   |                                                                         | 茲聲明以上所填資料及所附證件俱確實無訛，如有不實，願負法律責任。<br>I hereby declare the foregoing statements and attached documents are true and accurate. If any information provided above is false or incorrect, I will assume all legal responsibility.<br><br>申請人<br>或代理人 簽名 (Signature of Applicant or Agent)：橫濱 太郎 |         |                   |                                                                                                                                                                                                                                                                  |                                  |                   |
| 說 明(Notice)<br>填表不實須負刑責 (False statement will be subject to the penalties per Criminal Codes)<br>◎ 請繳驗身分證、護照、委託授權書及利害關係證明文件正本，另附影本乙份 (A4)<br>( Please submit your ID card, passport, authorization letter and ther document proving your interest, together with A4 photocopy of each item.<br>一、親自申請_____填第 1、2、5 欄 (Apply in person - complete sections 1, 2 and 5)<br>二、代理申請_____填第 1、2、3、5 欄 (Apply by agent- complete sections 1, 2, 3 and 5)<br>三、利害關係申請_____填第 1、2、4、5 欄 ( Apply by interested party- complete sections 1, 2, 4 and 5 ) |                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                                                                                                                                                                                                                            |         |                   |                                                                                                                                                                                                                                                                  |                                  |                   |
| 審 核 ( Approval ) ( 本 欄 請 勿 填 寫 For Official Use Only )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                                                                                                                                                                                                                            |         |                   |                                                                                                                                                                                                                                                                  |                                  |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                                                                                                                                                                                                                            |         | 駐 _____ 服務站 (辦事處) |                                                                                                                                                                                                                                                                  |                                  |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                                                                                                                                                                                                                            |         | Fax: _____ (一般)   |                                                                                                                                                                                                                                                                  |                                  |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                                                                                                                                                                                                                            |         | 條碼編號請勿污損          |                                                                                                                                                                                                                                                                  |                                  |                   |