**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.