附件二之一

撫卹（照護）金郵局存款帳戶資料卡

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受益人  基本資料 | 姓名 | |  | | | | | | | 出生日期 | | | | 年　月　日 | | | | | |
| 身分證  統一編號 | |  | | | | | | |
| 受益人  郵局帳戶 | 戶名 | |  | | | | | | | | | | | | | | | | |
| 帳號 | |  |  |  |  |  |  |  | | **─** |  |  | |  |  |  |  |  |
| 通信地址 | | 郵遞區號：□□□ | | | | | | | | | | | | | | | | | |
| 聯絡電話 | |  | | | | | | | | | | | | | | | | | |
| 儲金簿封面影本浮貼處 | | | | | | | | | | | | | | | | | | | |
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| 身分證正反面影本浮貼處 | | | | | | | | | | | | | | | | | | | |
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