附件十九

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| **撫卹金委託代匯國內金融機構存款帳戶申請書**  (Application Form for Remittance to Domestic Bank Accounts) | | | |
| 申請人中文姓名  (Chinese Name) |  | 申請人英文姓名  (English Name) |  |
| 國民身分證統一編號  (ID No.) |  | 護照號碼  (Passport No.) |  |
| 國外地址  (Foreign Address) | （請以英文書寫）(Please write in English) | | |
| 國外聯絡電話  (Foreign Phone No.) |  | | |
| 電子郵件  (E-mail Address.) |  | | |
| 傷亡者姓名  (Name of the casualty) |  | 撫卹令號碼  (Pension license No.) |  |
| 與傷亡者關係  (Relation to the casualty) |  | 婚姻狀況  (Marriage status) |  |
| 國內聯絡人姓名  (Domestic Contact Person) |  | 國內聯絡人電話  (Phone No.) |  |
| 國民身分證統一編號  (ID No.) |  |
| 國內聯絡人地址  (Domestic Address) |  | | |
| □本人申請撫卹金(含年終慰問金)委託國防部全民防衛動員署後備指揮部匯入原留存開戶之金融機構存款帳戶內。  (I hereby authorize the Armed Forces Reserve Command, All-out Defense Mobilization Agency, M.N.D. to remit my pension and year-end bonus to my bank or post office account.)  □本人申請撫卹金委託國防部全民防衛動員署後備指揮部匯入原留存開戶之金融機構存款帳戶內。  (I hereby authorize the Armed Forces Reserve Command, All-out Defense Mobilization Agency, M.N.D. to remit my pension to my bank or post office account.) | | | |
| 申請人簽字(Principal Signature)： | | | |

(以下由權責機關填寫/For Authorized Staff Only)

I certify that on this day the individual, named (Printed Name of Individual) appeared before me and acknowledged to me that the foregoing document was executed and signed by him/her personally on a free and voluntary basis, and that the document shall be used for the purposes mentioned therein. ,

(Signature and Seal of Notary Public or Other Competent Authorities)　　　(Date)

備註：申請書內容請逐欄翔實填寫，不得塗改，如填寫錯誤，應全份重新填寫或由申請人於更正處簽章以示負責，再由駐外館處加蓋校正章。

(The contents of the Power of Attorney shall not be altered. If there are any mistakes occurring while completing this document, the applicant shall either fill out a new application form or sign or attach his/her seal on the mistake(s) and have the Overseas Mission attach a correction mark on the mistake(s) as proof of the truthfulness of the document.)