

The columns in the thick frame must be filled in, and must not be missed.

Date: / /

Resignation Certificate

Name		Birth Date	/ / (YY/MM/DD)	Republic Era
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	ID Card Number		
Address			Phone Number	()
Month Salary		Resignation date: / /	Actual Work Place	City/County (City)
Reason for resignation (Choose Only One)	1. Involuntary Resignation : <input type="checkbox"/> Factory Closed <input type="checkbox"/> Factory Moved <input type="checkbox"/> Factory Closed Temporarily <input type="checkbox"/> Factory Dissolved <input type="checkbox"/> Factory Declared Bankrupt Labor Standard Act Art. 11 : <input type="checkbox"/> .1 <input type="checkbox"/> .2 <input type="checkbox"/> .3 <input type="checkbox"/> .4 <input type="checkbox"/> .5 Labor Standard Act Art. 14. (1) : <input type="checkbox"/> .1 <input type="checkbox"/> .2 <input type="checkbox"/> .3 <input type="checkbox"/> .4 <input type="checkbox"/> .5 <input type="checkbox"/> .6 <input type="checkbox"/> Labor Standard Act Art. 13 Proviso <input type="checkbox"/> Labor Standard Act Art .20 <input type="checkbox"/> fixed-term contract expiration : From: / / To: / /			
	2. <input type="checkbox"/> Voluntary Resignation	3. <input type="checkbox"/> Others: _____ (Please give brief reason)		
(ID Card Front)		(ID Card Back)		

<p>Group Insurance Applicant certification column(★If the certificate of resignation is issued by the Group Insurance Applicant, please fill in the column)</p>	<p>Group Insurance Applicant : _____ (Official or Personal Business Seal) Insurance certificate number : _____ Group Insurance Applicant Tel. : () _____ Group Insurance Applicant Address : _____ The content of the information recorded in the thick frame of this form are verified by the Group Insurance Applicant, and all legal liabilities are assumed if there should be any untruth. Group Insurance Applicant Contact Person : _____ Contact Person Tel. : () _____</p>
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<p>Competent authority certification column(★If the certificate of resignation is issued by the competent authority, please fill in the column and give reason)</p>	<p>Competent authority : Tainan City Government Labor Affairs Bureau (Official Seal or Personal Business Seal)</p>
<p>Applicant's self-explanation column (★If the application for resignation is not available to the Group Insurance Applicant and the Labor Administrative</p>	<p>_____ _____, all legal liabilities are assumed if there should be any untruth. Applicant _____(signature)</p>

The columns in the thick frame must be filled in, and must not be missed.

Date: / /

Resignation Certificate (Draft)

Name		Birth Date	/ / (YY/MM/DD)	Republic Era
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	ID Card Number		
Address			Phone Number	()
Month Salary		Resignation date: / /	Actual Work Place	City/County (City)
Reason for resignation (Choose Only One)	1. Involuntary Resignation : <input type="checkbox"/> Factory Closed <input type="checkbox"/> Factory Moved <input type="checkbox"/> Factory Closed Temporarily <input type="checkbox"/> Factory Dissolved <input type="checkbox"/> Factory Declared Bankrupt Labor Standard Act Art. 11 : <input type="checkbox"/> .1 <input type="checkbox"/> .2 <input type="checkbox"/> .3 <input type="checkbox"/> .4 <input type="checkbox"/> .5 Labor Standard Act Art. 14. (1) : <input type="checkbox"/> .1 <input type="checkbox"/> .2 <input type="checkbox"/> .3 <input type="checkbox"/> .4 <input type="checkbox"/> .5 <input type="checkbox"/> .6 <input type="checkbox"/> Labor Standard Act Art. 13 Proviso <input type="checkbox"/> Labor Standard Act Art .20 <input type="checkbox"/> fixed-term contract expiration : From: / / To: / /			
	2. <input type="checkbox"/> Voluntary Resignation	3. <input type="checkbox"/> Others: _____ (Please give brief reason)		
(ID Card Front)		(ID Card Back)		

<p>Group Insurance Applicant certification column(★If the certificate of resignation is issued by the Group Insurance Applicant, please fill in the column)</p>	<p>Group Insurance Applicant : _____ (Official or Personal Business Stamp)</p> <p>Insurance certificate number : _____</p> <p>Group Insurance Applicant Tel. : () _____</p> <p>Group Insurance Applicant Address : _____</p> <p>The content of the information recorded in the thick frame of this form are verified by the Group Insurance Applicant, and all legal liabilities are assumed if there should be any untruth.</p> <p>Group Insurance Applicant Contact Person : _____</p> <p>Contact Person Tel. : () _____</p>
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<p>Competent authority certification column(★If the certificate of resignation is issued by the competent authority, please fill in the column and give reason)</p>	<p>Competent authority : Tainan City Government Labor Affairs Bureau (Official Seal or Personal Business Seal)</p>
<p>Applicant's self-explanation column (★If the application for resignation is not available to the Group Insurance Applicant and the Labor Administrative</p>	<p>_____, all legal liabilities are assumed if there should be any untruth.</p> <p>Applicant _____ (signature)</p>

