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

Date:	/	/	
Date:	/	/	

## Resignation Certificate

Name				Birth Date		/ / Republic Era		/	/ (YY/MM/DD				
Gender	☐Male ID Card Number ☐Female							Kepui	0110	Па			
Address							Pho Numbe		(	)			
Month Salary Resignation date			e:	/	/		Wo	tual ork ace		City	/County	y (City)	
Reason for resignation (Choose Only One)	□ Factory Dissolved □ Interpretation   □ Labor Standard Act Art. 11: □ □ Labor Standard Act Art. 14. (1) □ □ Labor Standard Act Art. 13 Interpretation   □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			(1): \[ \]. 1 \[ \]. 2 \[ \]. 3 \[ \]. 4 \[ \]. 5 \[ \]. 6  Proviso \[ \]Labor Standard Act Art \[ .20 \]						give			
(ID Card Front)						(1	ID Car	rd Ba	nck)				

Group Insurance	Group Insurance Applicant: (Official or Personal Business Seal)
Applicant	Insurance certificate number:
certification	Group Insurance Applicant Tel.: _()
column(★If the	Group Insurance Applicant Address:
certificate of	The content of the information recorded in the thick frame of this form
resignation is	are verified by the Group Insurance Applicant, and all legal liabilities
issued by the	are assumed if there should be any untruth.
Group Insurance	Group Insurance Applicant Contact Person:
Applicant, please	Contact Person Tel.: _()
fill in the	
column)	

Competent	Competent authority: Tainan City Government Labor Affairs Bureau
authority	(Official Seal or Personal Business Seal)
certification	
column(★If the	
certificate of	
resignation is	
issued by the	
competent	
authority, please	
fill in the	
column and give	
reason)	
Applicant's self-	
explanation	
column (★If the	, all legal liabilities are
application for	assumed if there should be any untruth.
resignation is	assumed if there should be any untruth.
not available to	Applicant(signature)
the Group	
Insurance	
Applicant and	
the Labor	
Administrativo	

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

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## Resignation Certificate (Draft)

Name					Bir	th	Da	ate	Repu	blic		/	(YY/N	MM/DD)
Gender	☐Male ID Card Number													
Address								Pho Numbe		(	)	•		
Month Salary	Resignation dat			e: / / Work Place					City	/County	y (City)			
Reason for resignation (Choose Only One)	Labor Standard Act Art. 11: Labor Standard Act Art. 14. (1se Labor Standard Act Art. 13 H				Facto  ]. 1  [] : [  Provi  on : I	ry De . 2 . 1 so  .	eclar 	ed Ba	andar	pt □. ]. 4 d Act T	5 □.5 Art o:	□. . 20 /	6	give
(ID Card Front)								ID Ca.	•	ack)				

Group Insurance	Group Insurance Applicant: (Official or Personal Busine	SS
Applicant	Stamp)	
certification	Insurance certificate number:	_
column(★If the	Group Insurance Applicant Tel.: ( )	
certificate of	Group Insurance Applicant Address:	
resignation is	The content of the information recorded in the thick frame of this fo	rm
issued by the	are verified by the Group Insurance Applicant, and all legal liabiliti	es
Group Insurance	are assumed if there should be any untruth.	
Applicant, please	Group Insurance Applicant Contact Person:	
fill in the	Contact Person Tel. : _()	
column)		

Competent	Competent authority: Tainan City Government Labor Affairs Bureau
authority	(Official Seal or Personal Business Seal)
certification	
column(★If the	
certificate of	
resignation is	
issued by the	
competent	
authority, please	
fill in the	
column and give	
reason)	
Applicant's self-	
explanation	
column (★If the	, all legal liabilities are
application for	assumed if there should be any untruth.
resignation is	assumed if there should be any untruth.
not available to	Applicant(signature)
the Group	
Insurance	
Applicant and	
the Labor	
Administrativo	