**Power of Attorney for File Access Applications**

**Date of application: mmddyyyy**

I hereby authorize

I. To act as my proxy in the following matters **(please select)**

🞎 Application for file access

🞎 Perusal (viewing, hand-copying, or duplication) of files

🞎 Receipt of photocopies

🞎 Application liaison and delivery of official documents

II. Is the proxy permitted to reauthorize? 🞎Yes 🞎No **(failure to make a selection shall be construed as disapproval)**

Respectfully submitted to the **Directorate-General of Budget, Accounting and Statistics, Executive Yuan**

|  |  |  |
| --- | --- | --- |
|  | **Principal** | **Proxy** |
| Personal signature |  |  |
| Personal ID, Passport, or Resident Certificate No. |  |  |
| Correspondence address |  |  |
| Contact telephone number |  |  |

Notes: 1. The principal shall be the applicant for file access and the proxy shall be his/her representative.

2. Copies of the ID documents of the principal and the proxy shall be attached hereto.