僑務委員會僑胞醫療急難及喪葬慰問金申請表

Grants to Overseas Compatriot for Medical, Emergency and Funeral Assistance Application Form

<table>
<tr><td colspan="4">申 請 日 期：　　年　　月　　日
Date of Application　Year　Month　Day</td><td colspan="2">申請人：　　簽章
Applicant’s Signature</td></tr>
<tr><td rowspan="2">申請人姓名
Applicant Name</td><td>中文
Chinese</td><td></td><td>聯絡地址
Address</td><td colspan="2"></td></tr>
<tr><td>英文
English</td><td colspan="2"></td><td>電話
Telephone</td><td></td></tr>
<tr><td>申請事由
Reason for Application</td><td colspan="5"></td></tr>
<tr><td>繳交證件
Documents Provided</td><td colspan="5">☐華僑身分證明文件（如華僑身分證明書或出生證明、僑居證明、父母國籍證明等證明文件之一）
Overseas Chinese Compatriot identification documents(eq：Overseas Compatriot Identity Certificate or Birth Certificate、Proof of residency at place of overseas residence、Parents nationality proof）

☐國民身分證、護照或入境證正本、影本（正本驗畢退還）
National Personal ID Card、Passport or Entry Visa original and photocopy (Original returned upon verification)

※申請事由相關證明：
Documentation supporting reason for application
☐急難事項證明
Proof of Emergency item
☐診斷證明書及醫院繳費收據
Medical Diagnosis Document and Hospital Payment Receipt
☐死亡證明書
Death Certificate
☐其他_____
Other _____</td></tr>
<tr><td>審查意見
Review Opinion</td><td colspan="5"></td></tr>
<tr><td rowspan="2">審核
Review</td><td colspan="3">承辦人
Processed By:　科組長
Section Chief　初　核
Initial Review</td><td rowspan="3">核　定
Review Conclusion</td><td rowspan="3"></td></tr>
<tr><td colspan="3"></td></tr>
<tr><td>會簽
Review Commission Signature</td><td colspan="3">敬會　會計室</td></tr>
</table>