

特殊營養食品許可文件換發、補發登記申請書

APPLICATION FORM FOR REPLACE / RE-ISSUE OF PERMIT
DOCUMENT FOR SPECIAL DIETARY FOODS

受文者：衛生福利部

Recipient: Ministry of Health and Welfare (MOHW)

主旨：本公司由「(原製造廠國別及名稱)」製造「(中文品名)」食品一種，擬申請換發(補發)貴部 年 月 日部(衛)授食字第 號許可文件。

Subject: Application for replace (re-issue) of the permit document (Bu (Wei)-Shu Shih-Tze No. _____) issued by MOHW on _____(Date) for (Product Name in Chinese) manufactured by (Country of origin and name of original manufacturer).

說明：檢附之文件、資料如下(打☑記號者)：

Description: The attached documents and information include (ticked items) :

- (一) 補發、換發申請書乙份。Application form for re-issue or replace, one copy.
- (二) 申請廠商公司登記或商業登記證明文件影本乙份。Photocopy of the applicant's company registration or business registration certificate.
- (三) 換發者，繳銷之原許可文件乙份。For **replacement** application, the applicant shall submit the originally issued permit document.
- (四) 補發者，原許可文件作廢之切結聲明乙份。For **reissuance** application, the applicant shall submit a statement that declares the original permit document null and void.

備註：詳細之申請手續，請依本部「食品與相關產品查驗登記及許可文件管理辦法」辦理。

Remarks : For detailed application procedures, please follow the MOHW's Regulations for 「REGULATIONS GOVERNING THE MANAGEMENT OF THE REVIEW, REGISTRATION AND ISSUANCE OF PERMIT DOCUMENTS FOR FOOD AND RELATED PRODUCTS」

申請商號 : 蓋章
Name of the Applicant : (Company Seal)
負責人 : 蓋章
Responsible Person : (Seal)
食品業者登錄字號 :
Food Business Registration Number
地址 :
Address
電話 :
Telephone Number
連絡人 姓名 :
Contact Name
Person 電話 :
 Telephone Number
 電子郵件 :
 E-mail

中 華 民 國 年 月 日
Date (yyyy / mm / dd)