附錄一

保健食品能力鑑定取消報名及退費申請書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申請日期 | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請人 | |  | | | | | | | | | | | | | 身分證字號 | | | | | |  | | | | | | | | | | | | |
| E-MAIL | |  | | | | | | | | | | | | | 手 機 | | | | | |  | | | | | | | | | | | | |
| **報考能力鑑定名稱**： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **原報考項目/名稱** | | | | | | | | | | | | | | | | **申請取消報名及退費項目 (請勾選欲退費考科)** | | | | | | | | | | | | | | | | | |
| 考科1 |  | | | | | | | 費用 | | |  | | | | | 考科1 | | | | □同左 | | | | | 費用 | | | |  | | | | |
| 考科2 |  | | | | | | | 費用 | | |  | | | | | 考科2 | | | | □同左 | | | | | 費用 | | | |  | | | | |
| 報名費用總計 | | | | | | | | | | |  | | | | | 申請退費金額總計 | | | | | | | | | | | | |  | | | | |
| **申請取消報名及退費事由(皆全額退費)** | | | | | | | | | | | | | | | | | | | | | | | | | | | **申請退費金額** | | | | | | |
| □繳交考試報名費後，於報名期間內自行取消報名 | | | | | | | | | | | | | | | | | | | | | | | | | | | 元 | | | | | | |
| □考試因颱風、地震、水災等原因延期舉行，致全程無法參加考試 | | | | | | | | | | | | | | | | | | | | | | | | | | | 元 | | | | | | |
| □其他：(說明： ) | | | | | | | | | | | | | | | | | | | | | | | | | | | 元 | | | | | | |
| 檢附文件：請勾選  □1.原繳費證明及2.考試報名發票  □1.原繳費證明（尚未取得考試報名發票） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **電匯資料填寫\*必填** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所得人戶名 | | |  | | | | | | | | | | | | | | | | | | | | 身分證字號 | | | | |  | | | | | |
| 銀　行 | | | 銀行 分局  郵局 支局 | | | | | | | | | | | | | | | | | | | | 總行代碼 (3碼) | | | | | 分行代碼 (4碼) | | | | | |
| 帳　號 | | |  |  |  |  |  | |  |  | |  |  |  | | |  |  |  | | |  |  |  | |  | |  | |  | |  |  |
| **電匯通知\*必填** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-MAIL | | |  | | | | | | | | | | | | | | | | | | | | 手 機 | | | | |  | | | | | |
| 收件人 | | |  | | | | | | | | | | | | | | | | | | | | □同申請人 | | | | | | | | | | |
| 請浮貼存摺封面影本 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【 **審核欄** 】 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 審核日期 | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 承辦人 | | |
| 檢附資料 | | | □核對無誤 □資料不齊，需補件 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 審核結果 | | | □符合退費規定 □不符合退費規定 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 退費金額 | | | □同申請金額 □可退費金額 元 | | | | | | | | | | | | | | | | | | | | | | | | | | | |