

Appendix II

APPLICATION FORM

(Before filling out the form, please read the application guidelines. Please do not fill in the items marked with ※.)

※Date of Deposit: _____

※Accession Number: _____

I. Applicant

☐ Individual depositor

☐ Organizational depositor

Identification Number: _____

Name: _____ (in Chinese)

_____ (in English)

Address: _____ (in Chinese)

_____ (in English)

Representative: _____ (in Chinese)

_____ (in English)

Correspondent: _____

Tel: _____ Fax: _____

e-mail address: _____

II. Agent (where applicable)

Name: _____

Address: _____

Tel: _____ Fax: _____

e-mail address: _____

III. Biological Material Deposited

Scientific name: _____ (in Chinese)

_____ (in Latin)

Identification number or symbol given by the depositor: _____

IV. Preservation Method and Quantity for Deposited Biological Material

1. Preservation Method:

- ☐ Freeze-dried form ☐ Frozen form ☐ Other form: _____ (accepted for the biological material can not be preserved in freeze-dried or frozen form)
(recommended preservation temperature: ☐ 4°C ☐ freeze by liquid nitrogen
☐ other temperature: _____)

2. Quantity

- ☐ Number of the vial: _____
Deposit in the nucleic acid form ?
☐ No
☐ Yes, _____ micrograms, nucleic acid concentration _____
Provide the host ?
☐ No. ☐ Yes, _____ vials

V. Attachment

- ☐ Fees: ☐ Deposit fee ☐ NT 36,000 ☐ NT 48,000 ☐ Other _____
 ☐ Viability test issuance fee ☐ NT 2,400 ☐ NT 4,800 ☐ Other _____
☐ Power-of-agent
☐ Basic information of biological material
☐ Import permit for the deposited biological material
☐ Biological material
☐ Others _____

VI. Declaration

1. Method for viability test and preservation performed by the Depository

- ☐ The Depository shall perform viability test and preservation only by the method provided by the applicant.
☐ The Depository may perform viability test and preservation by the method provided by the applicant or by equivalent or more advanced one.

2. This depositor hereby files an application with (Depository) for depositing the biological material identified in this application form, and agrees to follow the regulations concerning biological material deposit and the guidelines set forth by (Depository) for deposit purposes.

<input type="checkbox"/> Applicant:	_____	(Signature)
Representative:	_____	(Signature)
<input type="checkbox"/> Agent:	_____	(Signature)
Date:	_____	