Application for the Revocation of Handover					
Case Number			Division		
Name	Full Name	Please list the following information in the following order: I.D. Card No. or Unified Business Number, gender, date of birth, occupation, address, place of business, postal code, telephone, fax, e-mail address, agent for service (name and address).			

Application (i.e.	000	I.D. Card No. (or Unified Business Number)		
buyer)		Date of Birth: Occupation:		
		Address:		
		Address.		
		Postal Code: Telephone:		
		Fax:		
		E-mail address:		
		Name of Agent for Service:		
		Address:		
T 41 44 CF	1 7 11			
		f the obligor's real estate as listed below have been cant has successfully bid on the real estates. The applicant		
has applied to the Shi-Lin branch for handover of the real estates. However, as the obligor has				
		need for a handover of the properties and the applicant is the original handover application.		
List of Real Estate:				
Land:				
Building:				

Respectfully Subnof Justice.	nitted to the Administrative Enforcement Agency (Shi-Lin Branch), Ministry
Name and	
Number of	
Attachments	
Date	
	Applicant [signature/seal]
	Drafter [signature/seal]