

Application for Resuming Negotiation

Claimant○○○ Sex: Birthdate:
National ID No.:
Birthplace: Occupation: Address:.....
Agent○○○ Sex: Birthdate:
National ID No.:
Birthplace: Occupation: Address:.....

In respect of the state compensation matter with the case number of Year [insert number] Pei-Yi-Zi No. [insert number], the Claimant and [insert the liable compensating authority name] conducted negotiation on [Year/Month/Day] at [insert the place], but both parties failed to reach agreement. To settle the dispute, the Claimant hereby applies for resuming the negotiation.

To: (The full name of the liable compensating authority)

Claimant ○ ○ ○ (Seal)
Agent ○ ○ ○ (Seal)

Dated this day of ,

Remarks:

Any relevant evidence, fact or reason that were not presented in the previous application for state compensation may be supplemented and attached to this application.

Drafting Guidance:

1. With respect to the description of the Claimant and the authorized Agent, please refer to the Drafting Guidance No. 1 to 4 of the Form No. 1 Application for State Compensation.
2. The seals affixed on the “Claimant” and “Agent” signing columns shall be the same as the description in the “Claimant” and “Agent” columns.
3. The claimant’s phone number shall be inserted to facilitate contacting and communication.