

# 國家衛生研究院技術移轉企劃書

## National Health Research Institutes Licensing Proposal

授權技術 Technology Title :

請則一勾選 Please check in the box :

- 非專屬授權 Non-exclusive License  
 專屬授權 Exclusive License  
 讓與 Patent assignment

如欲再授權或境外實施請勾選 Please tick if you want to Sublicense or Implement Overseas. :

- 再授權 Sublicense  境外實施 Implement Overseas

壹、 基本資料

Part A. Basic Information

申請日期：中華民國 年 月 日

Filing Date: 20\_\_/\_/\_/(YYYY/MM/DD)

(公司) 公司名稱 Name of Company		成立日期 Date of Incorporation	
(公司) 英文名稱 Company Name in English		資本額 Capital amount	
負責人 Name of Company's Licensing Representative		去年度營業額 Gross Turnover Last Year	
工廠登記編號 Registration No. of Factory			
公司地址 Address of Company			
聯絡住址 Mailing Address of Company			
電話 Telephone No.		電子信箱 E-mail	
傳真 Fax No.			
員工人數 Number of Employees		研發人員人數 Number of Employees in R&D	

立約代表人 Authorized Representative of the License Agreement		職稱 Title	
本案聯絡人 Contact Person of this Application		職稱 Title	
聯絡電話 Telephone No. of Contact Person		聯絡人電子信箱 E-mail of Contact Person	
聯絡傳真 Fax No. of Contact Person			
檢附資料 Required Attachments	<input type="checkbox"/> 營運計畫書 Business plan or operation plan <input type="checkbox"/> 公司設立\變更登記影本(用印公司大小章) Photocopies of the Company's Incorporation Approval document  *All the above documents must be endorsed officially by the company with signature or company seal.		

\*請仔細研讀以下問題並據實勾選以表聲明：

Please read the following questions carefully and provide answers accordingly:

1. 本公司為依法登記且二年內無違法紀錄，並從事或即將從事與計畫內容或技術性質相關業務者 -----是 否

The company was incorporated and approved by law and does not have any record of misconduct or conviction for any offense within the past two years and is either engaged in or is about to engage in business related to the utilization of the licensed technology. -----Yes No

2. 本公司有依法繳交營利事業所得稅--是 否（請妥善保存相關資料，以供本院應主管機關要求備查。）

The company filed and paid the Profit-seeking Enterprise Income Tax regularly. --Yes No

(Please keep relevant information for future reference in case of need.)

3. 與本院重大關係紀錄

Please list any prior collaboration or similar relationship with NHRI in the table below if any.

日期 Date	本院聯絡人 NHRI Contact Person	洽詢/委託/合作/技轉研究項目 Inquiry/Commission/Collaboration/Patent Licensing/ Technology transfer


4. 重要產品/營業額(請附產品目錄及產品說明書一份)  
Major products and related turnover (Please provide product catalog and literature.)

5. 單位組織架構 (請以簡單圖表表示)  
Company structure (Please use a simple diagram.)

6. 開發、生產銷售等大事紀  
Great events on R&D, production, sales and marketing

(民國)年 Year	事件說明 Description of Event

7. 關係企業/協力廠(請選擇性提供，有助於內部審查)  
List any Affiliate/ Third parties. Please provide the information selectively; it would serve as part of the foundation for licensing decisions.

產品 Product(s) :

I certify, to the best of my knowledge, that all of the information provided on this application and on attachments to this application is true and accurate.

代表人（簽章） Signature of Applicant or Authorized Representative :

\_\_\_\_\_

申請單位(用印) Print Name : \_\_\_\_\_

代表人職稱 Title : \_\_\_\_\_

填表日期 Date : 中華民國\_\_年\_\_月\_\_日 (YYYY/MM/DD)

# 國家衛生研究院技術移轉企劃書

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授權技術 Technology Title :

貳、 現況與計畫

Part B. Licensing Plans

(包含技轉名稱、預期用途、技術移轉步驟及達成時間、後續發展及及後續投入等; 如不敷使用, 請自行以 A4 紙加頁)

*(Include but not limited to the name and description of product(s) or method(s) to be developed with the licensed technology and, for each product or method to be developed, a description of expected product use and development programs, including (where relevant) major preclinical, clinical, regulatory, manufacturing and marketing stages; monetary and personnel commitments for each development stage; and the projected time to accomplish each stage of commercial development, etc. Please attach papers if needed.)*

代表人 (簽章) Signature of Applicant or Authorized Representative :

\_\_\_\_\_

申請單位(用印) Print Name : \_\_\_\_\_

代表人職稱 Title : \_\_\_\_\_

填表日期 Date : 中華民國\_\_\_\_年\_\_\_\_月\_\_\_\_日 (YYYY/MM/DD)