Application Form for Capital Reduction in Subsidiary

Companies of a Financial Holding Company

Reci	ient: Financial Supervisory Commission, Executive Yuan
Topi	:(subsidiary company) applies for a capital reduction for
	NT\$ dollars, eliminate shares of issued stocks and the
	actual paid-in capital after capital reduction is thus changed to
	NT\$ dollars, please be notified.
Desc	iption:
1.	Attended to the case following Paragraph 8, Article 36 of the Financial
	Holding Company Act.
2.	Reasons and purpose of capital reduction:
3.	impacts to the capital adequacy of the branch (company) due to capital
	reduction:
4.	Attached documents:
	1) Meeting logs of board of the directors and shareholders.
	2) The statement from the branch (company) according to Article 5 of
	these regulations.
	3) The financial report and auditor's report issued by an accountant in
	the most recent year and six months (if the applicant submits its
	application for over six months).
	4) The internal control improvement advices issued by an accountan
	and the branch (company) improvement status verified by an

(5) The case verification form and double examination opinion form filled out by the branch (company) and verified by an accountant.

submits its application for over six months).

(6) Cases that the company has been punished by the competent authority or fined over NT\$1 million in the most recent one year and the improvement status for the illegal affairs approved by the competent authority.

accountant in the most recent year and six months (if the applicant

(7) An explanation on the specific usage and estimated effects that the financial holding company obtaining capital via capital reduction in subsidiary company. A specific opinion form from a certified public accountant on the usage of the financial holding company after it

obtains the capital and the estimated effects.

- (8) Relating documents that correspond to the regulations in Paragraph 2 of Article 3 and Article 4 of the Act.
- (9) Other documents as may be required by the Competent Authorities.

Title of the financial institute:

Person in Charge: (Signature and seal)

Contact person: Contact telephone:

DD-MMM -YYYY