

TIPC Working Guidelines for Compensating Port Companies for Expenditures Incurred in Implementing COVID-19 Prevention Measures

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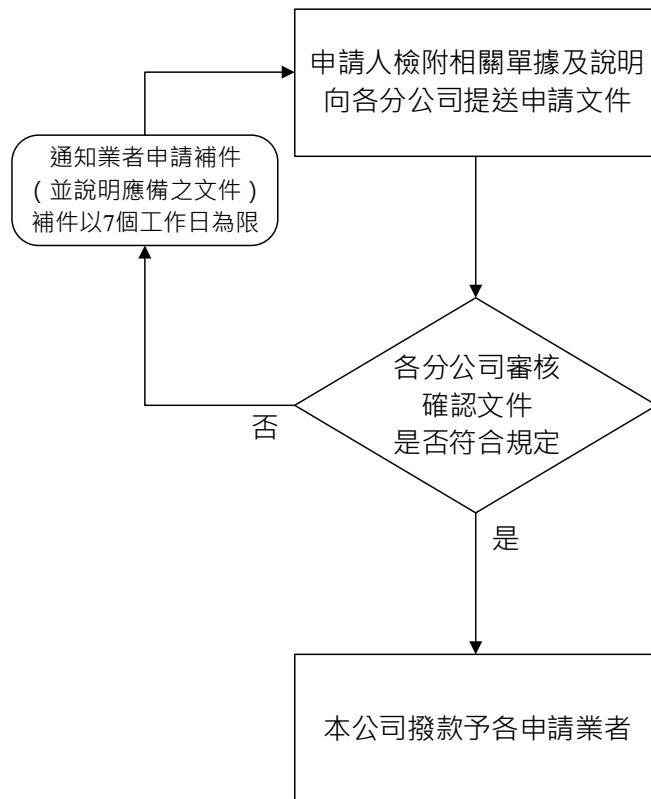
1. The following working guidelines are established herein by the Taiwan International Ports Corporation (TIPC) in accordance with Article 9 of the *MOTC Relief Measures for Companies Experiencing Business Hardships during the COVID-19 Pandemic* to compensate port businesses for expenses incurred in implementing epidemic-prevention measures.
2. Companies in the following sectors may apply for relief under these guidelines: ship stevedoring, ship agency, ship tally services, customs brokerage, ship surveying, ship repair, tug services, shuttle boat services, harbor cleanup (scavenger boat) services, ship supply services, line handling services, vessel water supply services, vessel fuel supply services, and container / cargo lashing and unlashng services. In addition, other port businesses specifically approved by TIPC subsidiary port operations and associations / unions responsible for representing the interests of companies in the abovementioned sectors may also apply for relief under these guidelines.
3. These guidelines cover the period beginning January 15th, 2020 and ending June 30th, 2021 (or until allocated funds have been depleted).
4. These guidelines are funded through a special budget authorization under the *MOTC Relief Measures for Companies Experiencing Business Hardships during the COVID-19 Pandemic*.
5. Items eligible for compensation under these guidelines and related standards include:
 - 5.1. Infrared Forehead Thermometers: one time (per company); maximum NT\$1,500
 - 5.2. Disinfectant Alcohol: Maximum NT\$60 per week per company
 - 5.3. Sterile Disposable Gloves: Maximum NT\$200 per month per company
6. Allotments of commercial-use masks provided by the MOTC to each TIPC subsidiary port shall be equitably distributed to port companies based on the number of (labor-insurance registered) employees working at each

company. The cost of these masks shall be fully covered under the special budget authorization.

7. Consideration for compensation shall begin after an application has been submitted by an eligible company or by an association / union on the company's behalf and shall proceed as outlined in Appendix 1.
 - 7.1. All applications for compensation must be accompanied by 1) an itemized list of expenditures (please use the format provided in Appendix 2); 2) GUI or receipts (including the applicant's unified business number) for these expenditures that are issued by domestic companies; and 3) a copy of the front cover of the applicant company's bank passbook.
 - 7.2. If a submitted application is incomplete, the applicant shall be notified and given seven working days to provide the missing information / items. After this 7-day period, incomplete applications shall be invalidated and another, new application must be submitted for consideration.
 - 7.3. After an application is reviewed and approved, the approved compensation amount shall be transferred into the corporate bank account designated by the applicant.
8. Companies addressed under Articles 2 and 8 of these working guidelines and their affiliated associations / unions shall submit Appendix 3 when collecting their mask distribution. Companies that have authorized an association / union to apply on their behalf may not submit a separate application for compensation.
9. Supervision and Review: TIPC reserves the right to review how companies are using items being compensated under these working guidelines. Improper use may result in a discretionary reduction in or suspension of future compensation payments.
10. TIPC reserves the right to further explain and define the value of compensation amounts granted as well as to amend these working guidelines to reflect changes in regulations, policies, and/or relevant circumstances.
11. In case of any discrepancy between the English and the Chinese version, the Chinese version shall prevail.

Appendix 1.

COVID-19 Pandemic Business Hardship Relief Application Procedure



Applicant submits application with required documentation and descriptions to the TIPC subsidiary

Applicant notified to provide missing information / documents within 7 working days.

no

Review by TIPC subsidiary to confirm submitted documents meet guideline requirements

yes

TIPC transfers funds to the applicant

Appendix 2.

Itemized List of Compensation-Eligible Purchases

1. Company name (in full) [please affix official chop]: _____
2. Period covered by current application:
_____(year)_____(mo)_____(day) **to** _____(year)_____(mo)_____(day)
3. Name & telephone # of person making application: _____
4. Please itemize purchases below and affix all receipts (in order) to this form.
5. Companies that have requested their association / union to apply on their behalf should complete, stamp (with their official chop), and include Appendix 4 with their application.

| Item | Qty. | unit price | total (incl. tax) | receipt no. |
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Appendix 3.

Receipt of Masks

_____ (name of company or association / union) has received from TIPC subsidiary port _____ (name) commercial masks for the period

_____(year)_____(month)_____(day) to _____(year)_____(month)_____(day) issued by the Ministry of Transportation and Communications (MOTC) for use in response to the COVID-19 pandemic. Upon providing the following documentation to TIPC subsidiary port authorities, we acknowledge the receipt of _____ pieces of commercial masks.

- Labor Insurance employee roster
- List of masks that have been authorized by the company for collection by an association / union (including company chop / signature of responsible person). Please refer to Appendix 4.

Recipient information

Full name: _____ (official company chop)

Responsible person: _____ (signature or personal chop)

Date _____(year) _____ (month) _____ (day)

Appendix 4.

Itemized List of Compensation-Eligible Purchases Authorized for Collection by an Association / Union

1. Association / union name (in full): _____
2. Itemized list (if masks are included on this list, please include the Labor Insurance employee roster for the company)

| Company Name | Responsible person | Item | No. (units) | Company chop & signature of responsible person |
|--------------|--------------------|------|-------------|--|
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Note: Applicant may add rows to this table as needed.