

☐ **Survivor Compensation** ☐ **Overseas Compensation**

**Consent Form For Joint Claim by applicants in the same
priority order**

Case No. 年度補審字第 號

The Crime Victim Mr./Ms. _____ died due to other people's criminal acts, and there are _____ applicants in the same priority order for this compensation. The applicants hereby give consent to this Joint Claim in accordance with the Crime Victim Rights Protection Act, and such Joint Claim is agreed upon by all applicants. The competent Review Committee shall remit the compensation amount to the recipient's account by the following specified method that applicants chose. If any unrecognized or undiscovered survivor in the same priority order claims their right to this compensation after this compensation has been issued, the survivors who have received this compensation shall be responsible for distributing the amount of this compensation to such survivors.

Receiving methods are specified as follows:

- I. ☐ Please remit the full amount of this compensation to the account of _____ (as the receiving account).
- II. ☐ Please remit the amount of this compensation to each recipient's account separately and equally.

This To

Taiwan (FuJien) Crime Victim Compensation Review Committee of _____

District Prosecutors Office.

Applicant's signature or seal: _____

Applicant's signature or seal: _____

Applicant's signature or seal: _____

Applicant's signature or seal: _____

_____ (MM) _____ (DD) _____ (YYYY)

(Should there be insufficient space for all applicants, please extend the above table for extra applicants.)

※Please note:

1. After this form is completely filled out, each applicant shall sign or seal it.
2. If there is insufficient space for all applicants, please extend the above table for extra applicants. This form can be downloaded from the Global Information Website of the Ministry of Justice (link: <https://reurl.cc/AA6nqK>), or by scanning the QR Code:

