

Applicants in the same order for family allowances for workers in occupational accident jointly issue a consent form

Accident workers \_\_\_\_\_ ( ID number : \_\_\_\_\_ , date of birth :  
\_\_\_\_Y\_\_\_\_M\_\_\_\_D) After death, there are the following applicants in the same  
order:\_\_\_\_ , In accordance with Article 16, Paragraph 2, of the Regulations  
on Occupational Accident Labor Subsidy and Issuance, and Article 63-3 of  
the Labor Insurance Regulations, the joint certification is processed,  
and your agency is requested to issue the subsidy in the following manner.  
If there is an applicant in the same order who has not yet claimed his  
rights, each applicant agrees to be responsible for the part of the  
application, which has nothing to do with your agency.

Each applicant agrees to remit the subsidy amount to the account of  
\_\_\_\_\_ MR/MS \_\_\_\_\_. It will then be responsible for  
distributing it to each applicant, and there is absolutely no objection  
(attach a copy of the cover of the representative's financial  
institution's deposit book).

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Please post a copy of the cover book of the representative financial institution  
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The above has been confirmed by the applicants to be correct and signed  
and sealed as follows:

Applicant's ID Number	Signature	Seal Guardian's Signature	Seal Contact Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

※ Notice※

1. The stamped seal must be the same as the original application. If the applicant is a minor or an incapacitated person, it should be countersigned and stamped by the guardian.
2. When the number of applicants exceeds this table, please refer to the above-mentioned floating poster.

D A T E \_ \_ \_ \_ \_ Y \_ \_ \_ \_ \_ M \_ \_ \_ \_ \_ D