

# Taiwan High Prosecutors Office Kaohsiung Branch

## Application for Access to Archives

Application Number :

Name	Date of Birth (YYYY/MM/DD)	Identification Document Number	Residential/Correspondence Address & Contact Number
Applicant			Address : Contact Number : Email Address :
※Relationship to Applicant ( )			Address : Contact Number : Email Address :

※For legal entities, organizations, offices, or businesses :

Address :

The information of the manager or representative shall be entered in the applicant field above.

Serial No.	Please check the file catalog before filling in the details.		Application Items (Multiple selections ((Multiple selections allowed))			
	Archive No. or Document No.	Archive Name, Summary, or Other Identifying Information	Viewing	Copying		Digital Copy
				black and white	color	
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

※Serial No. \_\_\_\_\_ Reason for requiring the use of original documents:

※Purpose of Application : ☐ Historical Research ☐ Academic Research ☐ Factual Verification  
☐ Business Reference ☐ Protection of Rights ☐ Other (Please specify):

Sincerely Taiwan High Prosecutors Office Kaohsiung Branch

Applicant's Signature :

※Agent's Signature (if applicable) :

※Date of Application (YYYY/MM/DD):

(Please read instructions on the other side)

## Instructions for Completing the Form

1. Fields marked with ※ should be filled as needed; all other fields must be completed.
2. Identification Document Number: Please provide the ID number, passport number, or residence permit number.
3. If the agent is an appointed representative, an authorization letter must be attached. If the agent is a legal representative, relevant proof documents must be submitted.
4. For legal entities, organizations, offices, or businesses, a copy of the registration certificate must be attached.
5. The approval or rejection of the application shall be handled in accordance with relevant laws and regulations.
6. Viewing, copying, or reproducing archives must be conducted at the designated time and location of the office. °
7. Viewing, copying, or reproducing archives must be conducted at the designated time and location of the office. The following actions are prohibited:
  - (1) Altering, marking, or damaging archives
  - (2) Dismantling bound archives
  - (3) Destroying or modifying the content of archives
  - (4) Removing archives from the designated area
8. Applicants approved for access, transcription, or duplication of archives shall be charged according to the "Fee Standards for Archive Access, Transcription, and Duplication" set by the National Development Council's National Archives Administration.
9. If the use of the archives infringes upon the copyright, privacy, or other rights of a third party, the applicant (or agent) shall bear full responsibility.
10. After completing the application form, it may be submitted in person or via written correspondence to the Kaohsiung Branch of the Taiwan High Prosecutors Office.  
Address: No. 586, Mingcheng 3rd Rd., Gushan Dist., Kaohsiung City 80402, Taiwan  
Telephone: 07-5524111  
Fax: 07-5533951  
Public Service Email: [kshmail@mail.moj.gov.tw](mailto:kshmail@mail.moj.gov.tw)
11. The approval or rejection of this application will be notified to the applicant in writing within 30 days from the date of acceptance. If corrections are required, they must be completed within seven days. Failure to make the necessary corrections within the given timeframe may result in rejection of the application.
12. If the space provided for file application is insufficient, please write on a separate sheet and attach it to the application form.