## National Chiang Kai-shek Memorial Management Office Donation Consent

Donor's Name		Tel. No.	Local Phone No.:
			Mobile No.:
Mailing Address:			
Reason(s) for Donation			
Name of Donated		Date of	
Work		Donation	
Author	☐ Same as Donor's Name	Tel. No.	☐ Same as Donor's Local Phone No.: Mobile No.:
Author Education and Work Experience/Awards and Honors			
Work Description/Creative Concept			
Image of Work			
Date of Completion		Source	☐ Independent Creation ☐ Purchase (please attach certificate of purchase) ☐ Others:
Materials		Physical	
		Condition	
Specifications and size		Quantity	
Others	<ol> <li>Is another person's work contained in the present work?</li></ol>		
Remarks:			

## Declaration Statement: I am willing to donate the said work to the National Chiang Kai-shek Memorial Management Office unconditionally in order to have the work utilized effectively for the good of society. I also agree to your self-determination during your operations, which I will never interrupt. I hereby guarantee that the ownership of the donated work remains vested in me and the donated work is free from any encumbrances or defects of title. Where legal action involving me, if any, causes damages to you, I am willing to bear the relevant liability and damages suffered by you therefor. III. I hereby acknowledge and agree that no application for withdrawal of the donation may be filed by me if the said donated work is affirmatively taken into collection upon review and approval during your Collection Review Meeting, provided that the donated work shall be returned as if rejected in the Meeting. IV. I hereby represent, warrant, and agree that at the same time of said donation: The entire economic right to the donated work remains vested in me, which shall be assigned to you altogether. The entire economic right to the donated work remains vested in me, which shall be transferred to you without consideration for profit-seeking purposes in any manner, for any period or in any territory. The entire economic right to the donated work remains vested in me, which shall be transferred to you without consideration for your own use or the use of any person sub-licensed by you, for any non-profit-seeking or educational purposes in any manner, for any period or in any territory. I have never owned the economic right to the donated work and have no right to

## **Personal Information Consent Form**

When completing the information in this form, you acknowledge and agree that:

authorize you to use the same.

- I. We are allowed to collect, process, and utilize your personal information for the performance of an official duty pursuant to the Personal Information Protection Act and related laws.
- II. You may provide your personal information or any other information which may be used to identify you, directly or indirectly, per your need.
- III. You agree that the Chiang Kai-shek Memorial Hall Management Office may utilize your personal information and provide it in accordance with relevant laws and regulations or as required by domestic or foreign public authorities. You also agree that

in the event that the Management Office merges with another organization or another organization takes over the business of the Management Office in the future, that organization will be able to handle and utilize your personal information within the scope of the business of the Management Office in the aforementioned manner.

- IV. Unless otherwise provided by the laws, you may be entitled to the following rights against your personal information: (1) any inquiry and request for a review of the personal information; (2) any request to make duplications of the personal information; (3) any request to supplement or correct the personal information; (4) any request to discontinue collection, processing, or use of personal information; and (5) any request to delete the personal information. Your request to cease the processing or utilization, or to delete your personal information pursuant to the laws, if any, is likely to make it impossible to use the work donated by you in the most effective manner.
- V. You acknowledge that this consent form satisfies the requisites of the Personal Information Protection Act, related laws, and regulations, and constitutes the written agreement for our collection, processing, and utilization of your personal information.

Signature of Donor/Representative: National ID No.:						
Date: MM/DD/YY						
Handler	Unit Supervisor	Commissioner	Deputy Commissioner			

The Form is made out in triplicate, one copy of which shall be handed over to the donor for record-keeping, with the other two handed over to the Research and Collection Division and General Planning Division, respectively.