附件1

创业者社保补贴申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 一、申请人基本信息 | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | | | 联系电话 | | | |  | | | | | | | | |
| 身份证号码 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |
| 人员类别 | □毕业5年以内高校毕业生 □其他 | | | | | | | | | | | | | | | | | | |
| 二、创业实体基本信息 | | | | | | | | | | | | | | | | | | | |
| 登记注册类型： □企业 □个体工商户 □民办非企业 | | | | | | | | | | | | | | | | | | | |
| 创业实体名称 |  | | | | | | | | | | | | | | | | | | |
| 统一社会信用代码 |  | | | | | | | | | | | | | | | | | | |
| 申请补贴金额 | 万 仟 佰 拾 元 角 分 (小写)： | | | | | | | | | | | | | | | | | | |
| 结果送达方式 | □自取 □网上自助查询 | | | | | | | | | | | | | | | | | | |
| **本人承诺:**以上内容及所提供材料真实有效，如与实际情况不一致，本人愿意承担相应责任。  申请人（签名）： 申请日期： 年 月 日 | | | | | | | | | | | | | | | | | | | |
| 经办机构意见：  经办人签字：（机构盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | |

说明：本表一份，由享受对象填写，经办机构留存。