附件2

**发明专利保险奖励申报表**

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| **企业名称** | **（盖章）** | **统一社会**  **信用代码** |  |
| **企业地址** |  | | |
| **联系人** |  | **联系人手机** |  |
| **保险机构名称** |  | **保费**  **总金额** | 元 |
| **保险机构地址** |  | | |
| **投保的发明专利情况** | | | |
| **序号** | **专利号** | **授权公告日** | **专利名称** |
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