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| **北京市社会保险登记业务申请表（个人）** |
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| **申请人** |  | **证件类型** |  | **证件号码** |  |
| **受托人** |  | **证件类型** |  | **证件号码** |  |
| **受托单位** |  | **单位代码** |  | **单位名称** |  |
| **申请事项** |
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|
| **序号** | **申报信息** | **申报内容** |
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| **申请人确认说明** | \_\_\_\_\_\_\_\_\_\_\_确认上述信息已如实填报，如有不实自行承担法律责任，联系手机号码 ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 申请人（受托人/单位）签字（盖章）：  |

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| **APPLICATION FORM FOR BEIJING SOCIAL INSURANCE REGISTRATION (INDIVIDUALS)** |
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| **Applicant’s name** |  | **Type of identification document** |  | **Identification number** |  |
| **Authorized individual’s name** |  | **Type of identification document** |  | **Identification number** |  |
| **Authorized organization** |  | **Registration number** |  | **Full name of organization** |  |
| **Application details** |
| **Application for individual extension of social insurance payment** |
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| **Serial No.** | **Application information** | **Application content** |
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| **Applicant’s confirmation statement**  | I, \_\_\_\_\_\_\_\_\_\_\_, herby declare that I have checked the information on this form, and to the best of my knowledge and belief, it is true, correct, and complete. If the above information provided is false, I will bear the corresponding legal responsibility.Contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature or Stamp of the applicant (or authorized individual or organization) |

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