**河北省社会保障卡申领登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 单位编号：（不用填写） | | | 单位名称： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 六周岁以上需要粘贴照片。  六周岁以下不需要粘贴。 |  | | 个人资料 | | | | | | | | | | | | | | | | | | 资料更正、确认栏（√） | | | | | | | | | | | | | | | | | | | | | |
| 公民身份号码 | |  |  | |  | |  | | |  | |  | |  | | |  | |  | | |  | |  | |  | | |  | |  | |  | | |  | |  | | |  |
| 社保编码 | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 性别 | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 民族 | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | 出生日期 | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 固定电话 | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 联系电话 | |  | |  | | | |  | | |  | | | | |  | | | | |  | |  | | | |  | | | | |  | | |  | | | |  | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 监护人信息 | 姓名 |  | 联系电话 | | | | | | |  | | | |  | |  | | |  | | | |  | | |  | | |  | |  | | | |  | | |  | | |  | |
| 性别 |  | 身份号码 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 声明：请认真核对、更正、补充以上个人信息，并同意用于办理相关银行卡业务。  **申领人签字**： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学生本人页户口簿复印件粘贴处  （裁剪后横向或竖向粘贴，注意不要覆盖其他区域）  文字要复印清晰，不要缩印，裁剪整齐后粘贴，不要覆盖其他区域，不要贴户主页 | | | | | | | 监护人身份证正面复印件粘贴处  (父母的身份证正面，身份证照片和文字要清晰，身份证不要缩影) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 监护人身份证反面复印件粘贴处  (父母的身份证反面，身份证照片和文字要清晰，身份证不要缩影) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**申领登记表填写要求（模板）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 单位编号：（不用填写） | | | 单位名称：XX县XX乡XX村或社区名称 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 六周岁以上需要粘贴照片。  六周岁以下不需要粘贴。 |  | | 个人资料 | | | | | | | | | | | | | 资料更正、确认栏 （√） | | | | | | | | | | | | | | | | | |
| 公民身份号码 | | 未 | 成 | 年 | | 人 | 身 | 份 | | 证 | | 此 | | 处 | | 填 | 写 | | 不 | | 正 | | 确 | | 无 | | 法 | | 制 | | 卡 |
| 社保编码 | | 不用填写 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 姓 名 | | 未成年人姓名 | | | | | | | | | | | | | 此处填写不正确无法制卡 | | | | | | | | | | | | | | | | | |
| 性 别 | | 未成年人姓别 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 民 族 | | 未成年人民族 | | | | | | | | | | | | | 此处填写不正确无法制卡 | | | | | | | | | | | | | | | | | |
|  | 出生日期 | | 未成年人出生日期 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 固定电话 | | 家长手机号 | | | | | | | | | | | | | 上下填一处即可11位手机号 | | | | | | | | | | | | | | | | | |
| 联系电话 | | 家长手机号 | | | | | | | | | | | | | 此处填写不正确无法制卡 | | | | | | | | | | | | | | | | | |
| 通讯地址 | | 未成年人详细住址精确到门牌号.例如:XX县XX乡（镇）XX村XX号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 监护人信息 | 姓名 | 与下面身份证对应 | 联系电话 | | | | | | | 家 | | 长 | | 手 | | | 机 | | 号 | |  | |  | |  | |  | |  | |  | |
| 性别 | 与下面身份证对应 | 身份号码 | | | | | | | 与下面身份证对应 | | | | | | | | | | | | | | | | | | | | | | | |
| 声明：请认真核对、更正、补充以上个人信息，并同意用于办理相关银行卡业务。  **申领人签字**： 未成年人签字 （家长代签） 签填表日期 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 未成年人本人页户口簿复印件粘贴处，按图样裁剪，不要缩印  （裁剪后竖向粘贴，注意不要覆盖其他区域） | | | | | | 监护人身份证正面复印件粘贴处  不要缩印 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 监护人身份证反面复印件粘贴处  不要缩印 | | | | | | | | | | | | | | | | | | | | | | | | | | | |