**劳 务 派 遣 分 支 机 构**

**备 案 书**

人力资源和社会保障局：

本分支机构系 公司设立，该公司已获劳务派遣经营许可，现根据《劳动合同法》和《劳务派遣行政许可实施办法》等相关规定，由分支机构向你局提出备案申请。

申请人 （盖章）

申请日期

**分支机构备案信息表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **分支机构全称** |  | | | | | | | | | | | | | | | | | | | |
| **分支机构负责人姓名** |  | | | | | | **分支机构负责人**  **联系电话** | | | | | | |  | | | | | | |
| **分支机构**  **主要办事机构地址** | \_\_\_\_\_\_\_区\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | **邮编：** | | | | | | |
| **分支机构**  **企业性质** |  | | | | | | **业务联系人**  **姓名** | | | | | | |  | | | | | | |
| **业务联系人**  **固定电话** |  | | | | | | **业务联系人**  **手机** | | | | | | |  | | | | | | |
| **传真电话** |  | | | | | | **业务联系人**  **电子邮箱** | | | | | | | @ | | | | | | |
| **业务联系人**  **办公通讯地址** | \_\_\_\_\_\_\_区\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | **邮编：** | | | | | | |
| **分支机构**  **经营场所性质**  **（建筑面积）** | 自有 \_\_\_\_\_\_\_\_平方米  租用 \_\_\_\_\_\_\_\_平方米 | | | | | | **经营场所**  **租用协议的租期** | | | | | | | \_\_\_\_\_\_\_\_\_\_\_年 | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **分支机构**  **营业执照住所地址** | \_\_\_\_\_\_\_区\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | **邮编：** | | | | | | |
| **分支机构营业执照**  **统一社会信用代码**  **（18位）** |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| **分支机构营业执照**  **公司成立日期** | / / | | | | | | **分支机构是否具有**  **人力资源服务许可证** | | | | | | | □是 □否 | | | | | | |
| **分支机构是否**  **已建立工会** | □是 □否 | | | | | | **分支机构网址**  **（若没有，填“无”）** | | | | | | | http:// | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **上级法人单位**  **名称** |  | | | | | | | | | | | | | **注册资本：\_\_\_\_\_\_\_万元** | | | | | | |
| **上级法人单位**  **劳务派遣许可证编号** |  | | | | | | **劳务派遣许可证**  **审批机构名称** | | | | | | |  | | | | | | |
| **上级法人单位**  **许可证有效期限** | 至 | | | | | | **上级法人单位**  **企业性质** | | | | | | |  | | | | | | |
| **上级法人单位**  **统一社会信用代码（18位）** |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| **法定代表人姓名** |  | | | | | | **法定代表人**  **联系电话** | | | | | | |  | | | | | | |
| **身份证件类型** | □身份证 □护照 | | | | | | **身份证件号码** | | | | | | |  | | | | | | |
| **上级单位**  **业务联系人姓名** |  | | | | | | **业务联系人**  **联系电话** | | | | | | |  | | | | | | |
| **上级法人单位**  **主要办事机构地址** |  | | | | | | | | | | | | | **邮编：** | | | | | | |