

条码位

**深圳市社会保险登记/变更/注销申请表**

**（用人单位）**

征收表格[2014式]002

**单位社保编号： 20299836 单位联系电话： 13828720228 温馨提示：参保须知及申请材料见本表背面**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 参保登记 | (1)单位名称（全称） | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   (2)单位行业类别 (3)组织机构代码证号： | | | | | | | | | | | | |
| (4)工商注册号/批文号/登记证号 | | | | |  | | | | | (5)法定代表人姓名 | |  |
| (6)法定代表人证件类别：□身份证/□通行证（港澳台人员）/□护照（外籍人员） | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   (7)法定代表人证件号码： | | | | | | | | | | | | |
| (8)单位地址（本市） | |  | | | | | | | | | | |
| (9)单位联系电话（固定电话） | | | |  | | | | | (10)邮政编码 | |  | |
| (11)社保经办人姓名 |  | | | | | | (12)经办人联系电话（手机号码） | | | |  | |
| (13)社保缴费开户银行（具体到支行） | | | | | |  | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 7 | 9 | 1 | 7 | 0 | 0 | 7 | 8 | 8 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 6 | 4 | | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   (14)社保缴费银行帐号： | | | | | | | | | | | | |
| (15)单位绑定社康点（全称） | | |  | | | | | | | | | |
| (16)单位网上申报系统密码重置（请填写重置后的临时密码，正式密码可登录系统自行设置） | | | | | | | | | | | | |
| 变更登记 | 本单位申请以上栏目中第 14 项登记事项变更（请填写本表“参保登记部分”对应事项前的阿拉伯数字，并将变更后的内容填写在以上栏目对应事项中的空格内。**注意：不变更的事项请勿填写）**  变更的具体理由如下：由于公司在提交社会保险登记表时，填错社保缴费银行账号，导致当月社保缴费失败，故申请修改社保缴费银行账号。 | | | | | | | | | | | | |
| 注销登记 | 本单位因**（请勾选：□破产/□注(吊)销/□撤销/□合并转让/□其他情形）**原因，申请依法终止社会保险缴费义务，办理社会保险注销登记。 | | | | | | | | | | | | |
| 声明及签章 | **用人单位声明**  本表填写内容正确无误，所提交的材料真实有效。如有虚假，本单位愿承担相应责任。  单位盖章：    20 年 月 日 | | | | | | | | | | | | |
| 社保部门填写部分 | 受理人意见（签名）： | | | | | | | | 录入/复审人意见（签名）： | | | | |