|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **小微企业吸纳高校毕业生社保补贴申请表**  补贴申请月份： 年 月 | | | | | | | | | | | | | | | | | | | | |
| 单位全称 |  | | | | | | | | | | | | | | | | | | | |
| 统一社会信用代码 |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| 经办人 |  | | | | | | 移动电话 | | | | | | |  | | | | | | |
| 银行信息 | 开户银行 | | | | | |  | | | | | | | | | | | | | |
| 银行户名 | | | | | |  | | | | | | | | | | | | | |
| 银行账号 | | | | | |  | | | | | | | | | | | | | |
| 本次申请享受小微企业吸纳高校毕业生社会保险补贴人数 | 共申请享受小微企业吸纳高校毕业生社会保险补贴 人。 | | | | | | | | | | | | | | | | | | | |
| 本单位承诺，所填写内容和提供材料真实准确有效，否则承担相应的法律责任。  单位（盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | |

**小微企业吸纳高校毕业生社保补贴花名册**

申请单位全称（盖章）： 补贴申请月份： 年 月

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 姓名 | 公民身份号码（社会保障号） | 合同起止日期 | 备注 |
| 1 |  |  | 自20 / /  至20 / / |  |
| 2 |  |  | 自20 / /  至20 / / |  |
| 3 |  |  | 自20 / /  至20 / / |  |
| 4 |  |  | 自20 / /  至20 / / |  |
| 5 |  |  | 自20 / /  至20 / / |  |