**附件2:**

上海新版社会保障卡申领登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | | | | 性别 | | | | | |  | | | | | 出生日期 | | | | | | |  | | |
| 国家/地区 |  | | | | | | | | | 民族 | | | | | |  | | | | | | 职业（工种） | | | | | |  | | |
| 证件类型 |  | | | | | | | | | 证件有效期限 | | | | | |  | | | | | | | | | | | | | | |
| 证件号码 |  |  | |  |  |  |  | |  | |  |  | |  | |  |  |  | | | | |  | |  | |  | |  |  |
| 通讯地址 | 区 街道(乡、镇) 路 弄(村) 号 室 | | | | | | | | | | | | | | | | | | 邮编 | | | | |  | | | | | | |
| 手机号码 |  | | | | | | | 固定电话 | | | | | | |  | | | | | | | | | | | | | | | |
| 指定投递地址 | 区 街道(乡、镇) 路 弄(村) 号 室 | | | | | | | | | | | | | | | | | | | 邮编 | | | |  | | | | | | |
| 备选自领社区受理网点 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 服务银行 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 照片 | | | □授权使用居民身份证/电子学生证照片 □现场拍照 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代办人姓名 | | |  | | | | | | | | | | 与申领人关系 | | | | | | | | | | | | |  | | | | |
| 联系电话 | | |  | | | | | | | | | | 证件类型 | | | | | | | | | | | | |  | | | | |
| 证件号码 |  |  | |  |  |  |  | |  | |  |  | |  | |  |  |  | | | | |  | |  | |  | |  |  |
| 申请人郑重承诺：出具的证件和资料真实有效，所填内容全部属实。如有不实以及由此产生的后果概由本人负责。社保卡仅限持卡人本人使用，绝不出让、转借给包括亲友在内的任何人。否则，除冒用人将依法承担相应的法律责任外,持卡人本人也自愿接受相关法律法规和规章规定的处罚。  申请人（承诺人）签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

受理单位（盖章）： 经办人： 受理日期： 年 月 日