附件4

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **北京社会保险单位信息登记表** | | | | | | | | | | | | | | | | | | | | |
| 单位名称：（公章） | | | | | | | | | | | | | | | | | | | | |
| 组织机构代码 | | |  | | | | | | | | 单位简称： | | | | | |  | | | | | |
| 单位名称： | | |  | | | | | | | | | | | | | | | | | |
| 单位办公地址 | | |  | | | | | | | | 邮政编码 | | | | | |  | | | | | |
| 工商登记执照信息 | | | 执照种类 | | | |  | | | | 有效期限 | | | | | |  | | | | | |
| 发照日期 | | | |  | | | | 执照号码 | | | | | |  | | | | | |
| 工商注册地址 | | | | |  | | | | | | | | | | | | |
| 批准成立信息 | | | 批准单位 | | | | |  | | | | | | | | | | | | |
| 批准日期 | | | | |  | | | | | 批准文号 | | | | | |  | | |
| 单位法定代表人  （负责人） | | | 姓名 | | | | |  | | | | | 公民身份证号 | | | | | |  | | |
| 联系电话 | | | | |  | | | | | 移动电话号码 | | | | | |  | | |
| 单位经办人 | | | 姓名 | | | | | 所在部门 | | | | | 联系电话 | | | | | | | |
| 缴费业务 | | |  | | | | |  | | | | |  | | | | | | | |
| 支付业务 | | |  | | | | |  | | | | |  | | | | | | | |
| 缴费专户开户全称 | | | |  | | | | | | | | | 帐号 |  | | | | | | |
| 缴费专户开户银行 | | | |  | | | | | | | | | 行号 |  | | | | | | |
| 其他缴费专户开户全称 | | | |  | | | | | | | | | 帐号 |  | | | | | | |
| 其他缴费专户开户银行 | | | |  | | | | | | | | | 行号 |  | | | | | | |
| 支付开户全称 | | | |  | | | | | | | | | 帐号 |  | | | | | | |
| 支付开户银行 | | | |  | | | | | | | | | 行号 |  | | | | | | |
| 主管部门或机构 | | | |  | | | | | | | | | | | | | | | | |
| 所属行政区县名称 | | | |  | | | | | | | | | 缴费经代机构 | | | | |  | | | |
| 单位电子邮件地址 | | | |  | | | | | | | | | 单位传真号码 | | | | |  | | | |
| 单位网址 | | | |  | | | | | | | | | | | | | | | | |
| 施工期起 | | | |  | | | | | | | | | 施工期止 | | | | |  | | | |
| 维修期起 | | | |  | | | | | | | | | 维修期止 | | | | |  | | | |
| 竣工期 | | | |  | | | | | | | | | 延长期 | | | | |  | | | |
| **北京社会保险单位信息登记表** | | | | | | | | | | | | | | | | | | | | | | | |
| **（续）** | | | | | | | | | | | | | | | | | | | | | | | |
| 单位类型 |  | | | | | | | | | 单位类别 | | | | |  | | | | | | | | |
| 经济类型 |  | | | | | | | | | 隶属关系 | | | | |  | | | | | | | | |
| 行业性质 |  | | | | | | | | | 行业费率 | | | | |  | | | | | | | | |
| 参统方式 | 新参统（ ） 外区转入（ ） | | | | | | | | | 结算周期 | | | | | 按月（ ）不定期（ ） | | | | | | | | |
| 特殊标示 | 原行业（ ） 事业2（ ） 民政福利企业（ ） 建筑业（ ） | | | | | | | | | 原行业系统 | | | | |  | | | | | | | | |
| 二级公司组织机构代码 | | | | | |  | | | 二级公司社会保险登记证号 | | | | | | | | | | |  | | | |
| 二级公司名称 | |  | | | | | | | | | | 二级公司 | | | | 是（ ）否（ ） | | | | | | | |
| 参加保险情况 | | 险种 | | | 首次月报时间 | | | | 支付区县 | | | | | | | | | | | | | | |
| 养老 | | |  | | | |  | | | | | | | | | | | | | | |
| 失业 | | |  | | | |  | | | | | | | | | | | | | | |
| 工伤 | | |  | | | |  | | | | | | | | | | | | | | |
| 医疗 | | |  | | | |  | | | | | | | | | | | | | | |
| 生育 | | |  | | | |  | | | | | | | | | | | | | | |
| 参加补充保险险种 | | | | | 养老（ ） 医疗（ ） | | | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | |
| 单位负责人： 单位经办人： 填报日期： | | | | | | | | | | | | | | | | | | | | | | | |
| 社保机构  审核意见 | | 1.经核定你单位应参加养老保险（ ）失业保险（ ）工伤保险（ ）  医疗保险（ ）生育保险（ ） 2.你单位社会保险登记证号为：（ ） | | | | | | | | | | | | | | | | | | | | | |
| 社保经办人： 社保机构（章）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | |