|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 云南省机关事业单位工作人员基本养老保险、职业年金、工伤保险单位信息变更申请表 | | | | | | | | | | |
| 单位编号∶ | |  | |  | |  | | |  | | |
| 单位名称(章)： | |  | |  | | 填表日期： 年 月 日 | | | | | |
| 变更事项 | | | | | 变更事项勾选 | | 变更后信息 | | |
| 单位名称 | | | | | □ | |  | | |
| 单位地址 | | | | | □ | |  | | |
| 邮政编码 | | | | | □ | |  | | |
| 法定代表人  或负责人 | 姓名 | | | | □ | |  | | |
| 联系电话 | | | | □ | |  | | |
| 经办人员 | 姓名 | | | | □ | |  | | |
| 联系电话 | | | | □ | |  | | |
| 身份证号 | | | | □ | |  | | |
| 机构类型 | | | | | □ | |  | | |
| 事业单位类型 | | | | | □ | |  | | |
| 统一社会信用代码 | | | | | □ | |  | | |
| 主管部门 | | | | | □ | |  | | |
| 业务范围 | | | | | □ | |  | | |
| 隶属关系 | | | | | □ | |  | | |
| 编制数 | | | | | □ | |  | | |
| 人员供养渠道 | | | | | □ | |  | | |
| 职业年金征收方式 | | | | | □ | |  | | |
| 退费账户信息 | 开户银行 | | | | □ | |  | | |
| 开户名 | | | | □ | |  | | |
| 银行账号 | | | | □ | |  | | |
| 变更日期 | | | | |  | | | | |
| 备注 | | | | |  | | | | |
| 参保单位经办人∶ | | | 参保单位负责人∶ | | | | |  | |