附件1

汕头市社会保障卡个人业务申请表

申请表编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | | 性别 | | | | |  | | 手机号码 | | | | | | | | | | | |  | | | | | | | | | | | | | | | 个人相片 | | | | | |
| 证件类型 |  | | 证件号码 | | | | |  | |  |  | |  |  |  |  | |  | | |  | |  | |  | |  |  | |  | |  | | |  | |  | | |  | |
| 有效期起始日 |  | | | | | | | | | | | | | 有效期到期日 | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 相片回执 |  |  | |  | |  |  | |  | | |  | |  | |  | | | |  | | | | |  | |  | | |  | | | |  | | | |  | | | |
| 申请类型 | □申请 □换卡 □服务银行变更换卡 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **日常工作是否需使用电子社保卡登录业务系统** | | | | | | | | | | | | | | □是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **社保卡金融账户是否存在委托缴费或收费登记** | | | | | | | | | | | | | | □是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **制卡方式建议** | | | | | | | | | | | | | | □原号换卡 □即时制卡更换卡号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 监护人姓名 |  | | | | 证件类型 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系电话 |  | | | | 证件号码 | | | | | | | | |  |  | |  | |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | |  | |  |  |  |  |  |
| **（有效证件复印件粘贴处）**  1.年满16周岁的中国公民粘贴身份证正、背面复印件  2.未满16周岁的中国公民，粘贴申领人居民户口簿及代办人有效身份证件复印件  3.华侨粘贴护照复印件  4.香港、澳门特别行政区居民粘贴港澳居民来往内地通行证或港澳居民居住证复印件  5.台湾居民粘贴台湾居民来往大陆通行证或台湾居民居住证复印件  6.外国居民粘贴护照或外国人永久居留证复印件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **温馨提醒：**  **在您申领实体社保卡后，将同步为您生成电子社保卡，并发放至电子社保卡支付宝小程序。您也可以在其他电子社保卡服务渠道（如：合作银行APP等）申领和使用电子社保卡。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*受理单位（网点）：  业务经办人签名： | | | | | | | | | | | |
| 本人授权申明：  本人保证本表填写内容和所附的全部资料真实、合法、有效，对所填写的信息负责，自愿遵守人社部门和开户银行关于社会保障卡的相关规定。   **本人同意为办理社保卡业务，自愿提供相关个人信息，并授权卡经办网点在为本人办理社保卡业务过程中，收集、保存、使用本人提供的个人信息。**  申请人（代办人）签名： 时间： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：