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| 申请人填写 | \*姓名 |  | | \*身份证号 | | |  |  |  |  | |  | |  |  |  | |  | | |  |  |  | | | |  |  |  |  | |  |  |
| \*年龄  （周岁） |  | | \*性别 | |  | | | | | | | \*民族 | | | |  | | | | | | | | | \*户口  性质 | | | | |  | | |
| \*从事  职业 |  | | \*健康  状况 | |  | | | | | | | \*是否首次参保 | | | | | | | | | | | |  | | | | | | | | |
| 联系方式 | \*联系电话 | |  | | | | | | | | | 邮政 编码 | | | | | | |  | | | | | | | | | | | | | |
| \*地址 | |  | | | | | | | | | 邮箱 | | | | | | |  | | | | | | | | | | | | | |
| \*本人承诺对以上所填内容真实性承担法律责任。  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 社保部门填写 | \*户籍所在地 | | 省 市 县（市、区） | | | | | | | | 户籍迁入  本省时年龄 | | | | | | | | | | | | |  | | | | | | | | | |
| 工商个体户  营业执照  编号 | |  | | | | | | | | 营业执照  颁发地 | | | | | | | |  | | | | | | | | | | | | | | |
| 广东省内  累计缴费月数 | |  | | \*梅州市内  累计缴费月数 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| \*经审核，该申请人 粤人社规〔2016〕4号文件规定参保条件。  初审： 复核：  审核部门盖章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

附件：

**梅州市灵活就业人员参加企业职工基本养老保险申请表**

说明：1、户口性质为农业或非农。

2、本表一式叁份，社保部门、地税部门、申请人各存壹份。

3、“\*”为必填项。