**湖北省社会保障卡申领表**

**受理机构： 登记号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓 名\*** |  | | | | | | | | | **性别\*** | | | | |  | | | | | | **出生日期\*** | | | | | | |  | | | | | | **国籍\*** | | | | |  | | | | | | **民族\*** | | | | |  | | | | | 粘贴照片  或照片文件名 | | |
| **证件类型\*** | 身份证(户口本)□ 香港特区护照/港澳居民来往内地通行证□ 澳门特区护照/港澳居民来往内地通行证□ 台湾居民来往大陆通行证□ 外国人永久居留证□ 护照□ 其他□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **证件号码\*** |  | |  | | | |  |  | | |  | | |  | | | | |  | | | |  | | |  | | |  | | |  | | | |  |  | | | |  | | |  | | |  | |  | | | |  | |
| **人员类别\*** | 城镇职工□ 城镇居民□ 农村居民□ 其他□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **证件有效期至\*** | | | | | | | | | | 年月日 | | | | | | | | | | | |
| **人员状态** | 城镇就业□ 离退休□ 失业□ 在读□ 务农□ 其他□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **户口性质** | 农业□ 非农业□ 居民□ 港澳台□ 外籍□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **常住地址** | 市（州） 县（市、区） 街道（乡、镇） 路（社区、村） 号（组） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **联系电话** | **移动手机\*** | | | | | | | |  | | | | | | | | | | | | | **固定电话** | | | | | | | | |  | | | | | | | | | **常驻地邮政编码** | | | | | | | | | | | |  | | | | | |
| **申领人通讯地址\*** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **监护人姓名** |  | | | | | | | | **监护关系** | | | | | | | | |  | | | | | | | | | | | | | | | | | | **联系电话** | | | | | | | | |  | | | | | | | | | | | | |
| **监护人姓名身份证号码** | | | | |  | | | |  | | |  | |  | | | | | |  | | | |  |  | | |  | | | | |  | |  | | |  | | | |  | | |  | | |  | | |  | | |  | |  |  |
| **业务类型** | 新申领□ 补领□ 换领□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **是否加急（仅限于补领、换领）** 是□ 否□ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **选择合作银行**（补领、换领和单位统一采集数据，不填写此栏） | | | | | | | | | 工商银行□ 建设银行□ 农业银行□ 中国银行□ 交通银行□ 邮储银行□  农信社（农村商业银行）□ 湖北银行□ 汉口银行□ 招商银行□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **代办人姓名** |  | | | | | | | | **代办关系** | | | | | | | |  | | | | | | | | | | | | | | | | | | | **联系电话** | | | | | | | | |  | | | | | | | | | | | | |
| **代办人身份证号码** | | | | | |  | | |  | | | |  |  | | | | | |  | | | |  |  | | |  | | | | |  | |  | | |  | | | |  | | |  | | |  | | |  | | |  | |  |  |
| 申请人已认真阅读和了解《湖北省社会保障卡申领规则》（详见背面），自愿遵守申领规则各项规定，保证所填信息准确无误，对所填写的信息负责。  申领人签名： 申领日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **经办人**  （签字） | |  | | | | | | | | | | | | | | **受理日期** | | | | | | | | | | |  | | | | | | | | | | | | | | | | **受理单位**（盖章） | | | | | | | | | | | | | | |

注：标有“\*”的栏目为必填项

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **申领人姓名**（签字） |  | | | | **受理日期** | | | | | | 年 月 日 | | | | | | | | | |
| **身份证号码** |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| **备注** | 在领取社会保障卡时，请携带本人身份证和本回执单，到 （地址）领社会保障卡。 | | | | | | | | | | | | | | | | | | | |

注：此联交申领