**附件一：中阿技术转移协作网络理事单位申请表**

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| **单位名称**  **（盖章）** |  | | | | **统一社会信**  **用代码** | | |  | | |
| **单位组织形式** |  | | | | **单位性质** | | |  | | |
| **单位地址** |  | | | | **邮编** | | |  | | |
| **联系电话** |  | | | | **传真** | | |  | | |
| **单位网址** |  | | | | **电子邮箱** | | |  | | |
| **法定代表人** |  | **身份证号码** | |  | | | **联系电话** | |  | |
| **法人代码** |  | | | | **单位资信**  **等级** | | |  | | |
| **单位联系人** |  | **职务** | |  | | | **联系电话** | |  | |
| **拟申请地域范围** |  | | | | | | | | | |
| **单位业务范围** |  | | | | | | | | | |
| **资质证书** |  | | | | | | | | | |
| **办公场所情况** |  | | | | | | | | | |
| **自有面积（㎡）** |  | | | | **租用面积（㎡）** | | |  | | |
| **工作人员情况** |  | | | | | | | | | |
| **姓名** | **职务** | | **职称/学历** | | | **专职/兼职** | | | | **联系电话** |
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| **申 请 报 告** | | | | | | | | | | |
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