2022年广东省在册机构管理人申报表

（社会中介机构填写）

所属中院辖区： 原等级： 申报等级：

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| 单位名称 | | | | | |  | | | | | | | | | | | | | | | |
| 住所地/办公场所 | | | | | |  | | | | | | | | | | | | | | | |
| 负责人 | |  | | | | 职务 |  | | | 电话 | | |  | | | 手机 |  | | | | |
| 设立日期 | |  | | | | | 注册资金 | | | | | | | | | 万元 | | | | | |
| 机构性质 | | （合作制、合伙制、有限责任制、其他） | | | | | | | | | | | | 执业保险 | | | | | | （已加入、未加入） | |
| 下设分支机构名称 | | | | | | | |  | | | | | | | | | | | | | |
| 机构分立、合并、更名情况 | | | | | | | |  | | | | | | | | | | | | | |
| 2019年3月以来荣誉表彰 | | | | | | | |  | | | | | | | | | | | | | |
| 2019年3月以来行政处罚、纪律处分、行业处罚情况 | | | | | | | |  | | | | | | | | | | | | | |
| 2019年3月以来破产清算从业人员变动情况 | | | | | | | |  | | | | | | | | | | | | | |
| 现人员规模（从业人员人数） | | | | |  | | | | | | 现破产清算事务从业人员人数 | | | | | | |  | | | |
| 破产清算事务从业人员名单 | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | **性别** | | **职务** | **身份证号** | | | | | **学历** | | | **专业** | | | **执业/工作年限** | | | | **联系电话** | | **是否申请个人管理人** |
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| 2019年3月担任破产案件管理人或清算组聘请处理破产清算事务经历（概述有关情况后，逐一填写承办案件的基本情况、案号、受理法院、管理人负责人、主要承办人员、主要工作内容、办理进度、办结期限、办理情况和效果等） | | |  | | | | | | | | | | | | | | | | | | |
| 其他情况申报 | | |  | | | | | | | | | | | | | | | | | | |
| 申报  机构  签章 | | | 以上申报信息属实，如有弄虚作假情况，取消报名资格。  申请单位（盖章）  负责人/法定代表人：  年 月 日 | | | | | | | | | | | | | | | | | | |

**提交材料人（联系电话）： 提交时间： 接收材料人：**