附表1：

**注册会计师注册申请表**

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| 姓 名 | |  | | | | 性别 |  | | 国籍（地区） | | | | | | | | | |  | | | | | 一  寸  彩  照  （近期免冠） | | | |
| 出生日期 | |  | | | | | 政治面貌 | | | | | |  | | | | | | | | | | |
| 民族 |  | | | | 户口所在地 | | |  | | | | | 是否退休 | | | | | | |  | | | |
| 有效身份证件  名称/号码 | | | | | / | | | | | | | | | | | | | | | | | | |
| 参加注册会计师全国统一考试  提供的有效身份证件名称/号码 | | | | | | | | | | | | / | | | | | | | | | | | | | | | |
| 专业职称 | |  | | | | 职称等级 | | |  | | | | | | 学历 | | | | | | |  | | | | | |
| 毕业  学校 | |  | | | | | | | | | | | | | 所学专业 | | | | | | |  | | | | | |
| 毕业时间 | |  | | | | 外语程度 | | | | |  | | | | 学位 | | | | | | |  | | | | | |
| 进所时间 | |  | | | | 进所前  工作单位 | | | | |  | | | | | | | | | | | | | | | | |
| 电子邮箱 | |  | | | | | | | | | 非执业会员证号 | | | | | | |  | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | | | | | | 邮编 | | |  | |
| 考试（ ） | | 全科合格证号码 | | | | |  | | | | | | | 全科合格  日期 | | | | | | | | |  | | | | |
| 考核（ ） | | 考核批准文号 | | | | |  | | | | | | | 考核批准  日期 | | | | | | | | |  | | | | |
| 档案现存放的  单位 | | |  | | | | | | 个人社会  保障号码 | | | | | | | |  | | | | | | | | | | |
| 是否在会计师事务所专职从业 | | |  | | | | 所内  职务 | | |  | | | | | | | | | | | 从事审计业务时间(年) | | | | | |  |
| 固定电话 | | |  | | | | 移动电话 | | | | | | | | |  | | | | | | | | | | | |
| 何时因何原因  受到何种处罚或处分 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **个人简历（从大学填起）** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | 在何单位学习、工作 | | | | | | | | | | | | | | | | | | | | 证明人 | | | |
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| **个人从事审计业务经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 会计师事务所 | | | | | | | | 从事审计业务具体项目  （至少填写1个） | | | | | | | | | | | | | | 证明人 | | |
|  | | |  | | | | | | | |  | | | | | | | | | | | | | |  | | |
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| 本人声明已从事审计业务满2年、熟知《中华人民共和国注册会计师法》规定的权利与义务，承诺在会计师事务所专职从业，并且不具有《注册会计师注册办法》第五条规定不予注册的其他情形，对以上所填写内容及提交的申请材料的真实性负责。  申请人签字：  年 月 日 | | | | | | | | | | | 所在会计师事务所意见：  申请人为本所员工，在本所专职从业，本所对以上情形的真实性负责。  首席合伙人（主任会计师）签字：  会计师事务所盖章  年 月 日 | | | | | | | | | | | | | | | | |