**常州市区残疾人自主创业补贴申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | | 性别 |  | | | 出生年月 | | | |  | | |
| 身份证号码 | | | |  | | | | | | | 就业登记证编号 | | | | | |  |
| 残疾类别和等级 | | | | | |  | | | | 残疾证号 | | | |  | | | |
| 家庭住址 | | |  | | | | | | | 联系电话 | | | |  | | | |
| 工商登记证号 | | | | |  | | | | | 注册资金 | | | |  | | | |
| 营业场所地址 | | | | |  | | | | | | | | 开业时间 | | |  | |
| （以上由残疾人本人填写） | | | | | | | | | | | | | | | | | |
| 补贴金额：（大写） ￥： 元 | | | | | | | | | | | | | | | | | |
| 领款人签名 | | | |  | | | | | | | | | | | | | |
| 街道残联意见 | 经办人签名：  年 月 日 | | | | | | | | 区残联意见 | | | 经办人签名：  年 月 日 | | | | | |
| 街道劳动就业服务机构意见 | 经办人签名：  年 月 日 | | | | | | | |