附件一：

**惠州市第二人民医院社会招标代理机构备选库入库报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | | |  | | | | | | | | |
| 注册地址 | | |  | | | | | 成立时间 | | |  |
| 单位地址 | | |  | | | | | | | | |
| 法定代表人 | | |  | | | 联系电话 | |  | | | |
| 统一社会信用代码 | | |  | | | | 执照有效期 | | |  | |
| 注册资本（万元） | | |  | | | | | | | | |
| 近三年来不良记录 | | |  | | | | | | | | |
| 代理资质基本情况 | | | | | | | | | | | |
| 序号 | 资格类型 | | | | 有效期 | | | | 证书编号 | | |
|  |  | | | |  | | | |  | | |
|  |  | | | |  | | | |  | | |
|  |  | | | |  | | | |  | | |
| 单位人员构成基本情况 | | | | | | | | | | | |
| 在职人员总数 | |  | | | | | | | | | |
| 业务联系人 | |  | | 联系电话： | | | | | | | |
| 邮箱： | | | | | | | |