**附件一**

四川省合法性审核和备案审查协审机构报名表（盖章）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 名称 | |  | | | | | | | | | | | | | | |
| 住所 | | 详细地址 | |  | | | | | 邮政编码 | | | | |  | | |
| 电话 | |  | | | | | E-MAIL | | | | |  | | |
| 组织形式 | |  | | 主管司法行政机关 | | | | |  | | | | | | | |
| 负责人 | | 姓名 | | 学历 | | | 执业证号 | | | | | 执业年限 | | | | |
|  | |  | | |  | | | | |  | | | | |
| 执业许可证号 | |  | | | | 发证日期 | | |  | | | | | | | |
| 工作业绩 | |  | | | | | | | | | | | | | | |
| **本所拟从事协审工作的律师情况** | | | | | | | | | | | | | | | | |
| 1 | 姓名 | |  | 性别 | | | |  | | | 民族 | | | |  | |
| 出生日期 | | 年 月 日 | 学历 |  | | | 政治面貌 | |  | | | 加入时间 | | |  |
| 身份证号码 | |  | | | | | 电话 | | |  | | | | | |
| 执业证书 | | 类别 |  | | | | 资格证书 | | | 类别 | | | |  | |
| 颁发时间 |  | | | | 颁发时间 | | | |  | |
| 证号 |  | | | | 证号 | | | |  | |
| 工作业绩 | |  | | | | | | | | | | | | | |
| 2 |  | | | | | | | | | | | | | | | |
| 3 |  | | | | | | | | | | | | | | | |
| 4 |  | | | | | | | | | | | | | | | |
| 5 |  | | | | | | | | | | | | | | | |