附件5

守信联合激励移出审核情况汇总表

**填报单位（盖章）： 填报时间：**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **单位名称** | **注册地址** | **统一的社会**  **信用代码** | **主要负责人** | **身份证号** | **守信行为简况及**  **纳入时间** | **移出理由** | **备注** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |

主要负责人： **填报人： 联系电话：**