附件

2020年度注册会计师全国统一考试

专业阶段考试科目免试申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | | | | 性别 | | | | |  | | | | 出生年月 | | | | | |  | | | | | | |  | | |
| 身份证件号码 |  | |  |  |  | |  | |  |  | |  | | |  |  | |  |  | |  |  | | |  |  | |  |  | 照片 | |
| 技术职称 |  | | | | | | | | | | 职称评定时间 | | | | | | | |  | | | | | | | | | | |  | | |
| 工作单位 |  | | | | | | | | | | | | | | | | | | | | | | | 联系电话 | | | | | |  | | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | | | |  | | |
| 申 请  科目免试  （划√） | 审计 | | | | | 财务成本管理 | | | | | | | | 经济法 | | | | | | 会计 | | | | | | | 公司战略与风险管理 | | | | 税法 | |
|  | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | |  | |
| 本人对上述信息及资料的真实性负责 | | | | | | | | | | | | | | 签 名： 年 月 日 | | | | | | | | | | | | | | | | | | |
| 申请人所在单位人事主管部门对技术职称的 确 认 | | 签 章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 地方考办  意见 | | 签 章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |