

Employment Registration Social Medical Insurance & Housing Fund Information Form  
就业登记及社保/医保/公积金信息表

Name 姓名: 徐刘宇 Department 部门: 中厨部 Emp. No. 工号: \_\_\_\_\_

Gender 性别: 男 Join Date 入职日期: 2025-7-11 Salary 工资: 5000

ID Number 身份证号: 522123199609067032 Mobile Number 联系方式: 15285530314

Hukou Location 户口所在地: 贵州省安顺市西秀区黄果树镇 Contact Address 联系地址: \_\_\_\_\_

Social Insurance Type 社保参保类型 ☒ 新增 (未在贵阳参保) ☐ 续保 (曾在贵阳参保)  
说明 \_\_\_\_\_

Medical Insurance Type 医保参保类型 ☒ 新增 (未在贵阳参保) ☐ 续保 (曾在贵阳参保)  
说明 \_\_\_\_\_

Guiyang Housing Fund Transfer 贵阳市内住房公积金转移: ☒ 新增 (未在贵阳开户购买) ☐ 续 (曾在贵阳开户购买)

Housing Fund Transfer Information  
(若需转移, 请咨询原单位并填写) 住房公积金转移信息:  
转出单位登记号: \_\_\_\_\_ 个人公积金账号: \_\_\_\_\_  
转出单位名称: \_\_\_\_\_

Remark 备注:

In order to pay Social / Medical Insurance & Housing Fund for you on time, please confirm the previous employer in Guiyang finished your Social / Medical Insurance & Housing Fund check out procedure.

为了确保社保、医保公积金按时缴纳, 请确认您在贵阳的上家工作单位、或灵活就业、或农村社保等已办理您的社保、医保、公积金停缴手续。

Other Comments:  
其他说明: \_\_\_\_\_

Please confirm and sign 签名确认: 徐刘宇