**附件3**

**2025年注册会计师任职资格检查情况表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 注师编号 | | |  | |
| 有效证件名称 | |  | | 有效证件号码 | | |  | |
| 档案存放单位 | |  | | 社会保障号码 | | |  | |
| 社保缴纳单位名称 | |  | | 移动电话 | | |  | |
| 2024年注册会计师主要业务报告情况（列举2份） | | | | | | | | |
| 项目名称 | 项目编号 | | 报告日期 | | | 是否签字注师 | | 备注 |
|  |  | |  | | |  | |  |
|  |  | |  | | |  | |  |
| **本人声明**（请在对应□中划√） | | | | | | | | |
| 是否（离）退休 | | | | | * **是 🞎 否** | | | |
| 除所在事务所，是否在其他单位获取工资性收入 | | | | | * **是 🞎 否** | | | |
| 2024年度有无行政或刑事处罚 | | | | | * **有刑事处罚 □无** * **有行政处罚（类型：\_\_\_\_\_\_\_\_） 🞎无** | | | |
| **本人承诺在会计师事务所专职从业，对以上所填写内容的真实性负责。（请抄写并签字）**     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     **注册会计师签字：**  **年 月 日** | | | | | | | | |
| 所在会计师事务所意见：（协会代管人员此栏目不填写）  接受检查者为本所员工，在本所专职从业，本所对以上情形的真实性负责。  主任会计师/首席合伙人签字：  会计师事务所盖章  年 月 日 | | | | | | | | |