**附件：工程造价咨询企业信息采集表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **企业基本情况** | **企业名称** |  | **法人营业执****照注册号** |  | **总部□分支□其它□** |
| **企业地址** |  | **注册金** |  | **成立时间** |  |
| **法定代表人** |  | **手机** |  | **微信** |  | **邮箱** |  |
| **总经理** |  | **手机** |  | **微信** |  | **邮箱** |  |
| **技术负责人** |  | **手机** |  | **微信** |  | **邮箱** |  |
| **联络人** |  | **手机** |  | **微信** |  | **邮箱** |  |
|  |
| **企业资格条件** | **股东情况** | **姓 名** | **执业资格** | **注册证书号** | **备注** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **专职专业人员** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **办公场所** | **面积** | **M2 人均 M2/人** |
| **类型** | **自有□ 租赁□** |
| **专职专业人员人事档案管理单位** |  |
| **向何单位购买社会基本保险** |  |
| **填报单位(盖章):** |  | **联系人:** |  | **联系电话:** |