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| Annex 1Application Form for Labor Dispatch Business License |
| Applicant's Seal:　　　　　　　　　　　Filled in on: (date) |
| Unified Social Credit Identifier |  | License No. |  |
| Company Name |  |
| Name of Legal Representative |  | ID Card No. |  |
| Registered Address |  |
| Business Address  |  |
| Registered Capital |  | Scope of Business |  |
| Type of Industry |  | Type of Ownership |  |
| Business Premises | Owned Area: sqm | Leased Area: sqm |
| Term of Use (Rental) of Office Space |  |
| Management Systems for Labor Dispatch | Text of Labor Contract□ | Salary Payment System□ | Social Insurance System□ |
| Rest and Leave System□ | Working Hours System□ | Labor Discipline□ |
| Sample of the labor dispatch agreement to be signed with the employer□ | Other systems□ |
| Office and Operation Facilities | Office desks ( ) Computers ( ) Informationization |
| Entrusted Agent |  | Telephone Number |  |
| Application Report |  |
| Remarks |  |