附件1：

**2024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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | | | **性别** | | | | | | |  | | | | | **出生年月** | | | | | | | |  | | | | | | | **一寸彩照** | |
| **身份证号码** | |  | |  |  | |  | |  |  | |  | |  | |  |  | | |  |  | | |  |  | |  | |  |  | |  |
| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |