附件：

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| **中评协对确诊新冠肺炎个人会员发放慰问金信息统计汇总表** | | | | | | | | | | | | | | |
| 机构名称： |  |  |  | |  | |  | | |  |  | |  | |
| 序号 | 姓 名 | 工作单位 | 身份证号 | | 确诊日期 | | 银行卡卡号 | | | 开户行(具体到支行） | 开户行号 | | 手机号 | |
| 1 |  |  |  | |  | |  | | |  |  | |  | |
| 2 |  |  |  | |  | |  | | |  |  | |  | |
| 3 |  |  |  | |  | |  | | |  |  | |  | |
| 4 |  |  |  | |  | |  | | |  |  | |  | |
| … |  |  |  | |  | |  | | |  |  | |  | |
|  |  |  | |  | |  | |  |  | | |  | |  |
| 联系人： |  |  | |  | |  | |  | 负责人： | | |  | |  |
| 电话： |  |  | |  | |  | |  | 日期： | | |  | |  |