附件5：

苏州市对重点市场出口信保专项扶持资金

申请汇总表

**填报单位（盖章）：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 辖区 | 投保单位名称 | 保费发生额 | 申请金额 |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
|  | 合计 |  |  |  |

注：以上情况请严格把关、如实填写，并加盖公章。