附件28

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| **单位住房公积金降低缴存比例、缓缴清册（20190501版）**  **（ 年至 年）**  **单位全称（加盖单位公章）：** 住房公积金表212  □降低缴存比例清册 □缓缴清册   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **序号** | **姓名** | **证件**  **类型** | **证件号码** | **缴存**  **基数** | **住房公积金月缴存额（按照申请降低缴存比例及缓缴期间的缴存比例计算）** | | | **职工本人签字**（没有职工代表大会或工会的，需由2/3以上职工本人签字） | | **单位**  **缴存额** | **个人**  **缴存额** | **合计**  **缴存额** | | **1** |  |  |  |  |  |  |  |  | | **2** |  |  |  |  |  |  |  |  | | **3** |  |  |  |  |  |  |  |  | | **4** |  |  |  |  |  |  |  |  | | **5** |  |  |  |  |  |  |  |  | | **6** |  |  |  |  |  |  |  |  | | **7** |  |  |  |  |  |  |  |  | | **8** |  |  |  |  |  |  |  |  | | **9** |  |  |  |  |  |  |  |  | | **10** |  |  |  |  |  |  |  |  | | **11** |  |  |  |  |  |  |  |  | | **12** |  |  |  |  |  |  |  |  | | **13** |  |  |  |  |  |  |  |  | | **14** |  |  |  |  |  |  |  |  | | **15** |  |  |  |  |  |  |  |  | | **16** |  |  |  |  |  |  |  |  | | **17** |  |  |  |  |  |  |  |  | | **18** |  |  |  |  |  |  |  |  | | **19** |  |  |  |  |  |  |  |  | | **20** |  |  |  |  |  |  |  |  |   单位人数超过20人的，按照212-1,212-2......的编号顺序自行打印填写。  **注：申请缓缴住房公积金的企业，恢复缴存后，应补缴缓缴期间的住房公积金**  **职工签字视同本人同意单位申请降缓缴**  **\*填写此表要求字迹清晰、工整、不得涂改。** |