附件5：

兵团法院企业破产案件管理人

专职从业人员情况登记表（ 类别）

单位名称（盖章）： 日期： 年 月 日

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| 序号 | 姓名 | 性别 | 出生年月 | 学历 | 从业时间 | 证书证号 | 执业资格（职称） | 有效期限 |
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备注：本表信息务必完整填写，并注意保持表格格式，表后按顺序附人员资质及执业证书