附件1

**上海市民政局**

**遗产管理人专业事务机构目录（律师事务所）申报表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本信息** | | | | | | | | | | | | | | | |
| **申报机构名称** | | | |  | | | | | | | | | | | |
| **机构类型** | | | | **□律师事务所 □其他** | | | | | | | | | | | |
| **住所地/办公场所** | | | |  | | | | | | | | | | | |
| **主管机关** | | | | **区司法局** | | | | | | | | | | | |
| **负责人** |  | | | **职务** |  | | | **电话** |  | | | | **手机** |  | |
| **联系人** |  | | | **职务** |  | | | **电话** |  | | | | **手机** |  | |
| **设立日期** |  | | | **注册资本或资产额** | | | | | | | |  | | | |
| **机构性质** | **□合伙制 □个人制 □其他** | | | | | | | | | | | | | | |
| **机构承担民事责任主体资格** | | **□独立法人（合伙）** | | | | | | | | **□分支机构** | | | | | |
| **是否在现有名册内** | | | **□是 □否** | | | | | | | | | | | | |
| **团队信息** | | | | | | | | | | | | | | | |
| **团队人数（名单附后）**  **总数（ ）人** | | | **律师人数** | | | | | | |  | | | | | |
| **助理人数** | | | | | | |  | | | | | |
| **其他 人数** | | | | | | |  | | | | | |
| **团队中具有处理遗产管理人相关法律事务的专业水平和实务工作经验人数及比例** | | | **人数： 人** | | | | | | | **比例： %** | | | | | |
| **专业经验** | | | | | | | | | | | | | | | |
| **处理遗产管理人相关案件数量（件）** | | | **2021** | | | **2022** | **2023** | | | | **2024** | | **2025** | | **共计** |
|  | | |  |  | | | |  | |  | |  |
| **专业能力** | | | | | | | | | | | | | | | |
| **具体情况（可做文字描述）** | | **1、**  **2、**  **3、……** | | | | | | | | | | | | | |
| **负面评价** | | | | | | | | | | | | | | | |
| **近三年机构或团队成员是否受过行政处罚** | | **□ 有 机构（ ）次 成员（ ）人次**  **□ 无** | | | | | | | | | | | | | |
| **近三年机构或团队成员是否受过纪律处分** | | **□ 有 机构（ ）次 成员（ ）人次**  **□ 无** | | | | | | | | | | | | | |
| **总分** | | | | | | | | | | | | | | | |
| **本机构自愿申请编入遗产管理人专业事务机构目录（律师事务所），承诺所申报材料的内容真实、有效，如若存在不实填报、弄虚作假等行为，自愿承担取消申报资格的后果。**  **执业机构（盖章）**  **负责人/法定代表人：**  **年 月 日** | | | | | | | | | | | | | | | |
| **备　注** | |  | | | | | | | | | | | | | |

**注：1.以上所填写内容均应附相应佐证资料，佐证资料扫描件上传至指定邮箱，无需提交纸质佐证资料；**

**2.本表格由市民政局负责解释。**

附：

团队人员情况表

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **身份证号** | **最高学历**  **及专业** | **执业证号** | **执业年限（年）** | |
| 1 |  |  |  |  |  |  | |
| 2 |  |  |  |  |  |  | |
| 3 |  |  |  |  |  |  | |
| 4 |  |  |  |  |  |  | |
| 5 |  |  |  |  |  |  | |
| … |  |  |  |  |  |  |  | |