

国家外国专家局文件

外专发〔2017〕36号

国家外国专家局关于印发《外国人来华工作许可服务指南（暂行）》的通知

国家外国专家局 办公厅 印

根据国务院机构改革决定，将“外国人入境就业许可”和“外国专家来华工作许可”整合为“外国人来华工作许可”，由国家外国专家局负责组织实施，地方人民政府结合实际参照执行。为指导各级外国人工作管理部门做好全面实施外国人来华工作许可工作，我局制定了《外国人来华工作许可服务指南（暂行）》，现印发给你们，请结合实际参考使用。

联系人：壮晓舒 邱旭生

联系电话：010-68948899-50409/50416

附件：外国人来华工作许可服务指南（暂行）



2017年3月29日

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(一) 用人单位基本条件

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(二) 申请人基本条件

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(三) 外国高端人才 (A类)

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(四) 外国专业人才 (B类)

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(五) 其他外国人员 (C类)

(六) 具备如下条件的, 予以批准

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(一) 申请材料清单

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(二) 申请材料提交

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(一) 网上提交信息

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<http://www.safea.gov.cn>

(二) 书面材料接收

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(一) 依据《行政许可法》，申请人或用人单位依法享有以下权利：

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(二) 依据《行政许可法》等法律，申请人、用人单位以及
出具证明材料的单位或者个人依法履行以下义务：

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(一) 关于首次在线办理

(二) 取消邀请函或邀请确认函

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(三) 办理签证手续

(四) 办理居留手续

(五) 信用管理制度

(六) 证件领取

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(六) 附录

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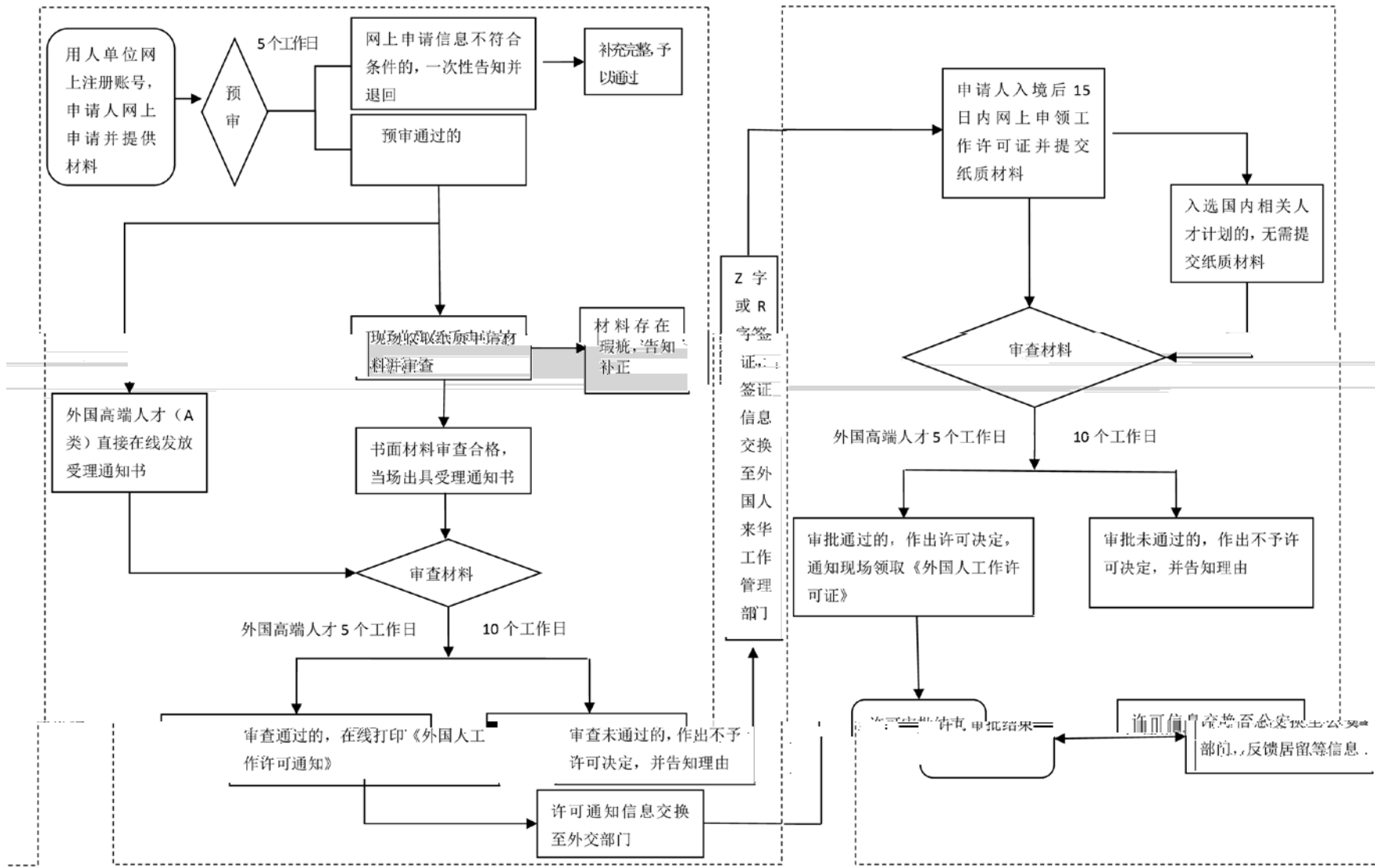
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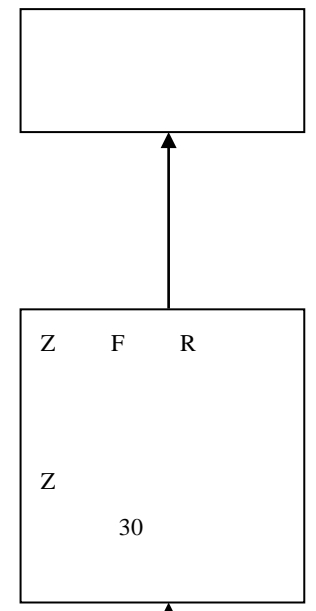
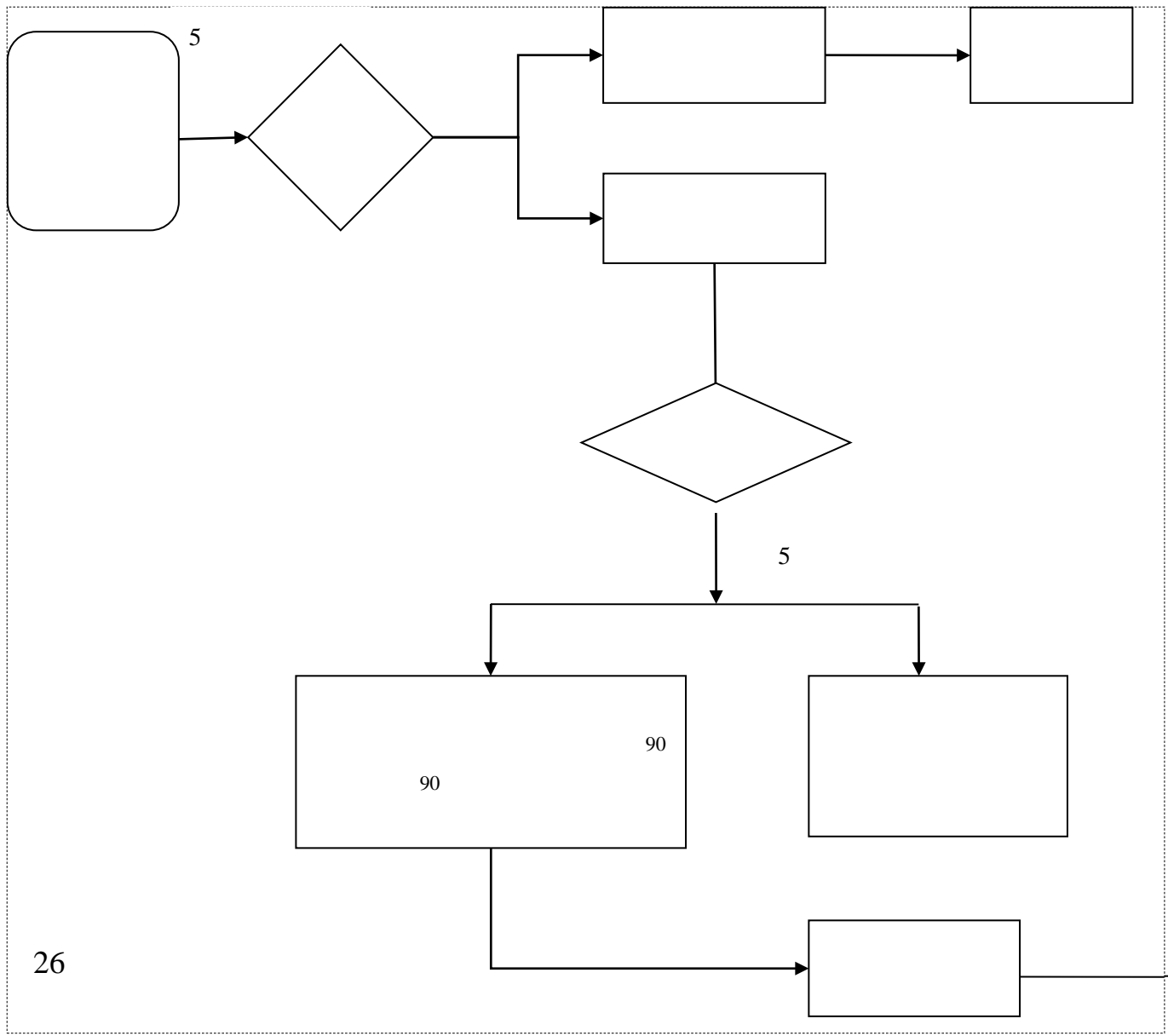
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《外国人工作许可通知》

《外国人工作许可证》



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File No:

**NOTIFICATION LETTER OF FOREIGNER'S WORK PERMIT IN
THE PEOPLE'S REPUBLIC OF CHINA**

WORKING PERIOD OF MORE THAN 90 DAYS

Upon approval by _____ Mr./Ms. _____ Passport NO. _____ Category
Work Permit NO. _____ from _____ (Country of citizenship) is hereby
permitted to work in _____ (Employer)
in _____ County(City,District), _____ City(Prefecture), _____ Province(Autonomous
Region, Municipality Directly under the Central Government) of the People's Republic of
China for _____ months.

Date of issue day month year

There will be _____ accompanying family member(s).

Spouse's full name

Child(ren)'s full name(s)

Other accompanying member's full name

**VALID FOR 3 MONTHS FROM THE DATE OF ISSUE. THIS IS NOT A VISA
AND MAY NOT BE USED IN PLACE OF A VISA.**

IMPORTANT NOTICES

Foreigners working in China should follow relevant work permit regulations. Those who have received this notification letter of work permit for foreigners working in the People's Republic of China should go through the following procedures:

1. Present the notification letter and other relevant documents to the embassy or consulate office of the People's Republic of China when applying for a visa.
2. Present the valid visa, employment contract and other relevant documents to the local government departments in charge of foreigners working in China where the employer is located to apply for foreigner's work permit .
3. Within thirty (30) days of entry into the People's Republic of China, the foreigner who has obtained work permit should present the work permit and other relevant documents to the local public security authorities to apply for work-type residence permit.



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File No:

**NOTIFICATION LETTER OF FOREIGNER'S WORK PERMIT IN
THE PEOPLE'S REPUBLIC OF CHINA**

WORKING PERIOD OF LESS THAN 90 DAYS, 90 DAYS INCLUDED

Upon approval by _____, Mr./Ms. _____ Passport NO. _____, from _____(Country of citizenship), leading _____ people, is hereby permitted to engage in tasks, in _____(Employer) in the People's Republic of China, from _____ day _____ month _____ year to _____ day _____ month _____ year. Permitted length of working time _____ days.
Approval document NO. _____

Date of issue day month year

Working place:

1. Work in _____ City(Prefecture), _____ Province(Autonomous Region, Municipality Directly under the Central Government)
2. Work in _____ City(Prefecture), _____ Province(Autonomous Region, Municipality Directly under the Central Government)
3. Work in _____ City(Prefecture), _____ Province(Autonomous Region, Municipality Directly under the Central Government)
4. Work in _____ City(Prefecture), _____ Province(Autonomous Region, Municipality Directly under the Central Government)
5. Work in _____ City(Prefecture), _____ Province(Autonomous Region, Municipality Directly under the Central Government)

Appendix :Staff list of the group

IMPORTANT NOTICES

Foreigners working in China should follow relevant work permit regulations. Those who have received this notification letter of work permit for foreigners working in the People's Republic of China should go through the following procedures:

1. Present the notification letter and other relevant documents to the embassy or consulate office of the People's Republic of China when applying for a work visa.
2. The notification and valid visa are documents needed for your working in specified working scope after your entry into the People's Republic of China. The duration of stay is in accordance to the visa received. Residence permit is exempted for stay less than 30 days.
3. This notification is effective from the date of issuance of 30 days, and is not a visa or visa instead.

STAFF LIST OF THE GROUP

	NAME	NATIONALITY	PASSPORT NUMBER
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外国专家来华邀请函

编号: _____

中华人民共和国驻 _____ 大使馆 (总领馆/领事馆/处) 或
中华人民共和国外交部驻 _____ 特别行政区特派员公署:

Embassy (Consulate General/Consulate Office) of the P. R. China in _____
or the Commissioner's Office of the Foreign Ministry of the P. R. China in _____

SAR: _____

姓名 (外文) _____ 先生/女士 (护照号码: _____)
等 _____ 位 (名单见下) 外国专家拟于 _____ 年 _____ 月 _____ 日来华赴 (单位名称) _____, 请予办理签证。

外文姓名 Full Name	性别 Sex	出生日期 Date of Birth	国籍 Nationality	护照号码 Passport No.
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
申请签证有效期 Validity of Visa <small>Period Valid to Apply</small>	拟入境次数 Number of Entries	最长停留时间 Longest Stay		
联系人 Contact Person	移动电话 Mobile			
传真 Fax	邮箱 E-mail			

本件自签发之日起6个月内有效。
Only Valid for 6 months since issuing.

签发单位 (盖章): _____ 签发人: _____

签发日期: _____ 年 _____ 月 _____ 日

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APPLICATION FORM FOR FOREIGNER'S WORK PERMIT

WORKING PERIOD OF MORE THAN 90 DAYS

CURRENT WORK PERMIT NUMBER					
SURNAME (As in Passport)		FIRST AND MIDDLE NAMES (As in Passport)		PHOTO	
OTHER NAME USED		CHINESE NAME			
GENDER		NATIONALITY			
DATE OF BIRTH(yyyy-mm-dd)		MARITAL STATUS			
PASSPORT TYPE		PASSPORT NUMBER		ISSUANCE DATE	
EXPIRATION DATE(yyyy-mm-dd)		HIGHEST ACADEMIC DEGREE		CHINESE PROFICIENCY	
HAVE YOU EVER OBTAINED ANY PROFESSIONAL QUALIFICATION CERTIFICATE ABROAD?		NAME AND NUMBER OF PROFESSIONAL QUALIFICATION CERTIFICATES		E-MAIL ADDRESS	
LIST ALL COUNTRIES THAT EVER ISSUED YOU A PASSPORT		LENGTH OF WORKING TIME		OCCUPATION	
/ INTENDED WORKING TIME IN CHINA		INTENDED JOB TITLE IN CHINA		INDUSTRY CATEGORY	
EMPLOYMENT METHOD		SALARY(monthly)		RECOGNIZED PROFESSIONAL ACHIEVEMENT	
INTENDED LENGTH OF WORKING TIME IN CHINA)WORKING TIME IN CHINA PER YEAR(months)		ARE YOU GRADUATED FROM WORLD RENOWNED UNIVERSITIES	
DO YOU NEED APPROVAL FROM RELATED CHINESE INDUSTRY AUTHORITY?		NAME OF INDUSTRY AUTHORITY		APPROVAL DOCUMENT NUMBER	
HAVE YOU EVER OBTAINED ANY CHINESE PROFESSIONAL QUALIFICATION CERTIFICATE (For Vocational Accession)?		NAME OF CHINESE PROFESSIONAL QUALIFICATION CERTIFICATES(For Vocational Accessio)		NUMBER OF CHINESE PROFESSIONAL QUALIFICATION CERTIFICATES OBTAINED	

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DO YOU HAVE ANY EXPERIENCE IN WORLD TOP 500 COMPANIES, WELL-KNOWN FINANCIAL INSTITUTIONS OR LAW FIRMS?		HIGHEST POSITION YOU HAVE EVER HELD IN AFOREMENTIONED ORGANIZATIONS		CONSECUTIVE WORKING YEARS IN CHINA	
NAME OF DISPATCHING INSTITUTION ABROAD		LOCATION OF DISPATCHING INSTITUTION ABROAD		POSSESS ANY PATENT OR OTHER INTELLECTUAL PROPERTY RIGHTS	
BUSINESS TELEPHONE NUMBER IN CHINA			JOB DESCRIPTION IN CHINA		
LIST ALL HIGHER EDUCATIONAL INSTITUTIONS YOU HAVE ATTENDED (INCLUDING VOCATIONAL INSTITUTIONS)					
NAME	LOCATION	DATES OF ATTENDANCE	SPECIALITY	ACADEMIC QUALIFICATION	
() LIST ALL EMPLOYERS YOU HAVE WORKED FOR IN LAST TEN YEARS					
NAME	LOCATION	DATES	OCCUPATION	JOB TITLE	JOB DESCRIPTION
ACCOMPANYING FAMILY MEMBERS					
DO YOU HAVE ANY ACCOMPANYING MEMBER?			NUMBER OF THE ACCOMPANYING MEMBERS		
NAME (As in Passport)	DATE OF BIRTH (yyyy-mm-dd)	GENDER	NATIONALITY	RELATIONSHIP TO THE APPLICANT	PASSPORT NUMBER
EMERGENCY CONTACT PERSON IN CHINA		EMERGENCY CONTACT TELEPHONE NUMBER			E-MAIL ADDRESS

APPLICATION FOR FOREIGNER'S WORK PERMIT					
DATE OF ENTRY		TYPE OF VISA HELD		VISA NUMBER	
HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR ANY OFFENSE OR CRIME, EVEN THOUGH SUBJECT OF A PARDON, AMNESTY OR OTHER SIMILAR LEGAL ACTION?					YES
					NO
HAVE YOU EVER BEEN AFFLICTED WITH A COMMUNICABLE DISEASE OF PUBLIC HEALTH SIGNIFICANCE OR A DANGEROUS PHYSICAL OR MENTAL DISORDER?					YES
					NO
HAVE YOU EVER VIOLATED THE LAW OF CHINA, AND DEPORTED FROM CHINA?					YES
					NO
60					
<p>I SOLEMNLY PROMISE THAT I HAVE NO CRIMINAL RECORD BOTH AT MY HOME COUNTRY AND ABROAD. WHEN I ARRIVE IN CHINA AND START TO WORK, I WILL STRICTLY ABIDE BY THE CHINESE LAWS AND REGULATIONS, AND CONSCIOUSLY OBEY THE MANAGEMENT SYSTEM OF THE EMPLOYING INSTITUTION. I CERTIFY THAT ALL THE ANSWERS TO THIS APPLICATION AND RELEVANT ATTACHMENTS TO IT ARE TRUE AND COMPLETED. IF THE INFORMATION IS FOUND TO BE UNTRUE OR UNCOMPLETED, I AM AWARE THAT I NEED TO UNDERTAKE CORRESPONDING LEGAL RESPONSIBILITIES. I UNDERSTAND THAT ALL OF THE INFORMATION IN THIS APPLICATION AND DOCUMENTS SUBMITTED WITH THIS APPLICATION MAY BE CHECKED BY RELEVANT PARTIES, INCLUDING MY EMPLOYMENT, WORK PERFORMANCE, ABILITIES, EDUCATION, PERSONAL EXPERIENCES AND CONVICTION RECORDS. I CONFIRM THAT, IF I AM OVER SIXTY YEARS OLD, I WILL APPLY FOR MEDICAL INSURANCE COVERAGE AS ARE NEEDED DURING MY WORK PERIOD IN CHINA.</p>					
<p>SIGNATURE OF APPLICANT DATE(yyyy-mm-dd)</p>					
<p>THE EMPLOYER HEREBY DECLARES THAT ALL THE DOCUMENTS AND INFORMATIONS SUBMITTED TO THE AUTHORITY ARE TRUE, AND SHALL BE RESPONSIBLE TO THE AUTHENTICITY OF THE DOCUMENTS AND UNDERTAKE CORRESPONDING LEGAL RESPONSIBILITIES.</p>					
<p>SEAL OF EMPLOYER DATE(yyyy-mm-dd)</p>					

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**APPLICATION FOR FOREIGNER'S WORK PERMIT
(WORKING PERIOD OF LESS THAN 90 DAYS, 90 DAYS INCLUDED)**

PRESENT WORK PERMIT NUMBER					
SURNAME (As in Passport)		FIRST AND MIDDLE NAMES (As in Passport)		PHOTO	
OTHER NAME USED		CHINESE NAME	GENDER		
GENDER		NATIONALITY			
DATE OF BIRTH(yyyy-mm-dd)		MARITAL STATUS			
HIGHEST ACADEMIC DEGREE		PASSPORT TYPE		PASSPORT NUMBER	
ISSUANCE DATE (yyyy-mm-dd)		EXPIRATION DATE(yyyy-mm-dd)		EMPLOYER	
DO YOU NEED APPROVAL FROM RELATED CHINESE INDUSTRY AUTHORITY?		NAME OF INDUSTRY AUTHORITY		SERIAL NUMBER OF APPROVAL DOCUMENT	
INTENDED WORKING PLACE(S) IN CHINA		INTENDED LENGTH OF WORKING TIME IN CHINA		BUSINESS TELEPHONE NUMBER IN CHINA	
EMAIL ADDRESS		WORK SCHEDULE			
<p align="center">60</p> <p>I SOLEMNLY PROMISE THAT I HAVE NO CRIMINAL RECORD BOTH AT MY HOME COUNTRY AND ABROAD. WHEN I ARRIVE IN CHINA AND START TO WORK, I WILL STRICTLY ABIDE BY THE CHINESE LAWS AND REGULATIONS, AND CONSCIOUSLY OBEY THE MANAGEMENT SYSTEM OF THE EMPLOYING INSTITUTION. I CERTIFY THAT ALL THE ANSWERS TO THIS APPLICATION AND RELEVANT ATTACHMENTS TO IT ARE TRUE AND COMPLETED. IF THE INFORMATION IS FOUND TO BE UNTRUE OR UNCOMPLETED, I AM AWARE THAT I NEED TO UNDERTAKE CORRESPONDING LEGAL RESPONSIBILITIES.I UNDERSTAND THAT ALL OF THE INFORMATION IN THIS APPLICATION AND DOCUMENTS SUBMITTED WITH THIS APPLICATION MAY BE CHECKED BY RELEVANT PARTIES, INCLUDINGMY EMPLOYMENT, WORK PERFORMANCE,ABILITIES,EDUCATION,PERSONAL EXPERIENCES AND CONVICTION RECORDS.I CONFIRM THAT, IF I AM OVER SIXTY YEARS OLD,I WILL APPLY FOR MEDICAL INSURANCE COVERAGE AS ARE NEEDED DURING MY WORK PERIOD IN CHINA.</p> <p align="right">SIGNATURE OF APPLICANT DATE(yyyy-mm-dd)</p>					
<p>THE EMPLOYER HEREBY DECLARES THAT ALL THE DOCUMENTS AND INFORMATIONS SUBMITTED TO THE AUTHORITY ARE TRUE,AND SHALL BE RESPONSIBLE TO THE AUTHENTICITY OF THE DOCUMENTS AND UNDERTAKE CORRESPONDING LEGAL RESPONSIBILITIES</p> <p align="right">SEAL OF EMPLOYER DATE(yyyy-mm-dd)</p>					

APPLICATION FOR FOREIGN EXPERTS INVITATION

APPLICATION NUMBER FOR FOREIGN EXPERTS INVITATION					
SURNAME (As in Passport)		FIRST AND MIDDLE NAMES (As in Passport)		PHOTO	
OTHER NAME USED		CHINESE NAME GENDER			
GENDER		NATIONALITY			
DATE OF BIRTH(yyyy-mm-dd)		MARITAL STATUS			
HIGHEST ACADEMIC DEGREE		PASSPORT TYPE		PASSPORT NUMBER	
ISSUANCE DATE (yyyy-mm-dd)		EXPIRATION DATE(yyyy-mm-dd)		EMPLOYER	
DO YOU NEED APPROVAL FROM RELATED CHINESE INDUSTRY AUTHORITY?		NAME OF INDUSTRY AUTHORITY		SERIAL NUMBER OF APPROVAL DOCUMENT	
BUSINESS TELEPHONE NUMBER IN CHINA		EMAIL ADDRESS		INTENDED NUMBER OF ENTRIES	
NUMBER OF GROUP		SOURCE OF FUNDING		SUM OF MONEY	
INTENDED LENGTH OF WORKING TIME IN CHINA		WORK SCHEDULE			
<p align="center">60</p> <p>I SOLEMNLY PROMISE THAT I HAVE NO CRIMINAL RECORD BOTH AT MY HOME COUNTRY AND ABROAD. WHEN I ARRIVE IN CHINA AND START TO WORK, I WILL STRICTLY ABIDE BY THE CHINESE LAWS AND REGULATIONS, AND CONSCIOUSLY OBEY THE MANAGEMENT SYSTEM OF THE EMPLOYING INSTITUTION. I CERTIFY THAT ALL THE ANSWERS TO THIS APPLICATION AND RELEVANT ATTACHMENTS TO IT ARE TRUE AND COMPLETED. IF THE INFORMATION IS FOUND TO BE UNTRUE OR UNCOMPLETED, I AM AWARE THAT I NEED TO UNDERTAKE CORRESPONDING LEGAL RESPONSIBILITIES.I UNDERSTAND THAT ALL OF THE INFORMATION IN THIS APPLICATION AND DOCUMENTS SUBMITTED WITH THIS APPLICATION MAY BE CHECKED BY RELEVANT PARTIES, INCLUDING MY EMPLOYMENT, WORK PERFORMANCE, ABILITIES, EDUCATION, PERSONAL EXPERIENCES AND CONVICTION RECORDS.I CONFIRM THAT, IF I AM OVER SIXTY YEARS OLD,I WILL APPLY FOR MEDICAL INSURANCE COVERAGE AS ARE NEEDED DURING MY WORK PERIOD IN CHINA.</p> <p align="center">SIGNATURE OF APPLICANT DATE(yyyy-mm-dd)</p>					
<p>THE EMPLOYER HEREBY DECLARES THAT ALL THE DOCUMENTS AND INFORMATIONS SUBMITTED TO THE AUTHORITY ARE TRUE, AND SHALL BE RESPONSIBLE TO THE AUTHENTICITY OF THE DOCUMENTS AND UNDERTAKE CORRESPONDING LEGAL RESPONSIBILITIES.</p> <p align="center">SEAL OF EMPLOYER DATE(yyyy-mm-dd)</p>					

APPLICATION FORM FOR EXTENTION OF FOREIGNER'S WORK PERMIT

CURRENT WORK PERMIT NUMBER					
SURNAME (As in Passport)		FIRST AND MIDDLE NAMES (As in Passport)		PHOTO	
OTHER NAME USED		CHINESE NAME			
GENDER		NATIONALITY			
DATE OF BIRTH(yyyy-mm-dd)		MARITAL STATUS			
PASSPORT TYPE		PASSPORT NUMBER		ISSUANCE DATE	

DO YOU NEED APPROVAL FROM RELATED CHINESE INDUSTRY AUTHORITY?		NAME OF INDUSTRY AUTHORITY		APPROVAL DOCUMENT NUMBER	
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HAVE YOU EVER OBTAINED ANY

Reference revision: The employer hereby declares that all the documents and information submitted to the authority are true, and shall be responsible for the authenticity of the documents and undertake corresponding legal responsibilities. The employer should give the consent to the authority's supplementary investigation as necessary.

SEAL OF EMPLOYER

YYYY MM DD

SIGNATURE OF APPLICANT

YYYY MM DD

APPLICATION FORM FOR CHANGE OF FOREIGNER'S WORK PERMIT

WORK PERMIT NUMBER					
SURNAME (As in Passport)		FIRST AND MIDDLE NAMES (As in Passport)		PHOTO	
OTHER NAME USED					
CHINESE NAME		GENDER			
DATE OF BIRTH(yyyy-mm-dd)		NATIONALITY			
CHANGEDOBJECTS		BEFORE CHANGE		AFTER CHANGE	
<p>oy er hereby declares that all the documents and information sub authenticity of the documents and undertake corresponding lega nt to the authority's supplementary investigation as necessary.</p> <p align="center">SEAL OF EMPLOYER</p> <p align="center">YYYY MM DD</p>			<p align="center">SIGNATURE OF APPLICANT</p> <p align="center">YYYY MM DD</p>		

APPLICATION FORM FOR CANCELLATION OF FOREIGNER'S WORK PERMIT

WORK PERMIT NUMBER					
SURNAME (As in Passport)		FIRST AND MIDDLE NAMES (As in Passport)		PHOTO	
OTHER NAME USED		CHINESE NAME			
DATE OF BIRTH(yyyy-mm-dd)		GENDER			
NATIONALITY		MARITAL STATUS			
NAME OF EMPLOYER IN CHINA		ORGANIZATIONAL CODE (Registration Certificate) NUMBER			
REASON FOR CANCELLATION	TERMINATION OF CONTRACT		EXPIRATION OF CONTRACT		OTHER REASONS
<p>The employer hereby declares that all the documents and information submitted to the authority are true, and shall be responsible for the authenticity of the documents and undertake corresponding legal responsibilities. The employer should give the consent to the authority's supplementary investigation as necessary.</p> <p align="center">SEAL OF EMPLOYER</p> <p align="center">YYYY MM DD</p>			<p align="center">SIGNATURE OF APPLICANT</p> <p align="center">YYYY MM DD</p>		

APPLICATION FOR OF FOREIGNER'S WORK PERMIT REISSUE

WORK PERMIT NUMBER				
SURNAME (As in Passport)		FIRST AND MIDDLE NAMES (As in Passport)		PHOTO
OTHER SURNAME USED		CHINESE NAME		
DATE OF BIRTH(yyyy-mm-dd)		GENDER		
NATIONALITY		MARITAL STATUS		
NAME OF EMPLOYER		ORGANIZATIONAL CODE (Registration Certificate) NUMBER		
REASON for REISSUE	LOST	DAMAGED	OTHERS	
<p>The employer hereby declares that all the documents and information submitted to the authority are true, and shall be responsible for the authenticity of the documents and undertake corresponding legal responsibilities. The employer should give the consent to the authority's supplementary investigation as necessary.</p> <p align="center">SEAL OF EMPLOYER</p> <p align="center">YYYY MM DD</p>			<p align="center">SIGNATURE OF APPLICANT</p> <p align="center">YYYY MM DD</p>	

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JNG [REDACTED]



营业执照

(副本)
统一社会信用代码 9 [REDACTED] B

名称 [REDACTED] 有限公司

类型 有限责任公司(自然人独资)

住所 天津市 [REDACTED]

法定代表人 [REDACTED]

注册资本 [REDACTED]

成立日期 二 [REDACTED] 年 [REDACTED] 月 [REDACTED] 日

营业期限 2 [REDACTED] 年 [REDACTED] 月 [REDACTED] 日至长期

经营范围 机械设备及配件、自动化设备制造、加工、销售；模具、汽车配件加工；电子部件、通讯器材、五金部件批发兼零售；模具技术开发、转让。(依法须经批准的项目，经相关部门批准后方可开展经营活动)



登记机关

2 [REDACTED] 年 [REDACTED] 月 [REDACTED] 日



<http://www.gsjaq.gov.cn/>

企业信用信息公示系统网址：

中华人民共和国国家工商行政管理总局监制

中华人民共和国 民办学校办学许可证

人社民[]6号

名称: []
地址: []

负责人: []
办学类型: []

批准文号: []
有效期: []

发证机关 (章)
发证日期: 二〇 年 月 日



中华人民共和国人力资源和社会保障部制

THE REGENTS OF THE

University of California

ON THE NOMINATION OF THE FACULTY OF THE
COLLEGE OF LETTERS AND SCIENCE
HAVE CONFERRED UPON

[REDACTED]

THE DEGREE OF BACHELOR OF ARTS
WITH A MAJOR IN HISTORY
WITH ALL THE RIGHTS AND PRIVILEGES THERE TO PERTAINING
GIVEN AT LOS ANGELES
THIS TWENTY-EIGHTH DAY OF MARCH IN THE YEAR
NINETEEN HUNDRED AND EIGHTY-SIX.

[REDACTED]

GOVERNOR OF CALIFORNIA AND
PRESIDENT OF THE REGENTS

[REDACTED]

PRESIDENT OF THE UNIVERSITY



[REDACTED]

VICE CHANCELLOR FOR AFFAIRS

[REDACTED]

EXECUTIVE DEAN OF THE COLLEGE



教育部留学服务中心
Chinese Service Center for Scholarly Exchange

国外学历学位认证书

教留服认俄 号

，女，俄罗斯国籍，
生于俄罗斯。

起在俄罗斯远东国立大学（Far Eastern National University）学习新闻学（电视与广播）专业，成绩合格，于 夫得俄罗斯联邦国家学位评审委员会颁发的新闻工作者专家证书。

经核查，远东国立大学系俄罗斯正规高等学校，该校设有新闻学（电视与广播）专业。

获新闻工作者专家证书与俄罗斯普通国立大学颁发的硕士文凭同属一个层次，并表明其具有相应的学历。该证书属俄罗斯高教改革前颁发的文凭，在当时的教育体制下，大学一般不设学士和硕士学位，学制为5至6年，毕业后颁发专家证书，并可以直接攻读副博士学位。



CFIA Institute

The Board of Governors of CFIA Institute confers the right to use the

Chartered Financial Analyst (CFA)

designation to



holding all the requirements prescribed for use of this designation for fully to fulfilling the ongoing obligations of a CFA charterholder. subject This charter is issued at Charlottesville, Virginia, this fifteenth day of September, 2006.

Charter Number



Chair



President





中华人民共和国出入境检验检疫
 ENTRY-EXIT INSPECTION AND QUARANTINE
 THE PEOPLE'S REPUBLIC OF CHINA

正本

境外人员体格检查记录验证证明
 CERTIFICATE OF VERIFICATION
 (FOR PHYSICAL EXAMINATION RECORD FOR FOREIGNER OR OVERSEAS CHINESE)



编号 No. 120107011

姓 / Surname _____ 名 / Given names _____

性别 / Sex _____ 出生日期 / Date of birth _____

男 / Male

国籍 / Nationality _____ 证件号码 / Passport or ID No. _____

美国 / American

职业 / Occupation _____

管理人员 / Manager

公司 / 学校 / 其它 Company / school / others _____

通讯地址 [中国] / Mailing address (China) _____

电话号码 [中国] / Telephone Number (China) _____



■ 兹证明此申请人所持健康检查记录，经过验证，符合要求。
 ■ 本证明自签发之日起，有效期为六个月。

This is to certify that the health examination record held by this applicant accords with the requirement as a result of verification.
 This certificate is valid for six months from the date of issue.

医生姓名 / Name of Doctor _____ 医生签名 / Signature of Doctor _____

田卉 TIAN HUI 

签发日期 / Date of issue _____ 签发地点 / Place of issue _____

18 Dec., 2015 中国天津市塘沽新港二号路2-1126号
 No. 2-1126 Xingang 2nd Road, Tanggu, TIANJIN, P. R. CHINA



[5-7(2003.1.1)*1]



AA0942540

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天津 [redacted] 有限公司
Tianjin [redacted] Co., Ltd

中国天津市津南区小站镇黄台工业与经济发展中心 [redacted] 邮编: [redacted] 电话: [redacted] 传真: [redacted]
Huangtai Industrial & Economic Development Center, Xiaozhan County, Jinnan Dist, Tianjin, China 300353
Tel: [redacted] Fax: [redacted]
Internet website: [redacted] Email: [redacted].com

Job Contract 工作合同

Between 签字

Party A 甲方: Tianjin [redacted] Company Limited
天津 [redacted] 有限公司

Party B 乙方:

Position 职位: General Manager 总经理

Location 地点: [redacted] Huantai Economic and Industrial Development Center,
Xiaozhan County, Jinnan District, Tianjin, China
中国津南区小站镇黄台 [redacted] 经济与工业发展中心 [redacted] 号

Terms and Conditions 条件:

This contract with Tianjin [redacted] Company Limited is considered to be a five years contract from 01 Jan 2015 to 31 Dec 2020.

The contract will be auto-extended for another one year if both parties have non-disagreement per contract.

与天津 [redacted] 有限公司签署的本合同期限为 5 年。时间: 2015 年 01 月 01 日至 2020 年 12 月 31 日。

如双方无异议, 合同自动延长一年。

Responsibility, please see attached.

工作职责, 见附 [redacted]

Party A 甲方



Tianjin [redacted] Co., Ltd

天津 [redacted] 有限公司

Date: 10 December 2014 年 12 月 10 日

Party B 乙方:

Date: 10 December 2014 年 12 月 10 日

[redacted signature line]

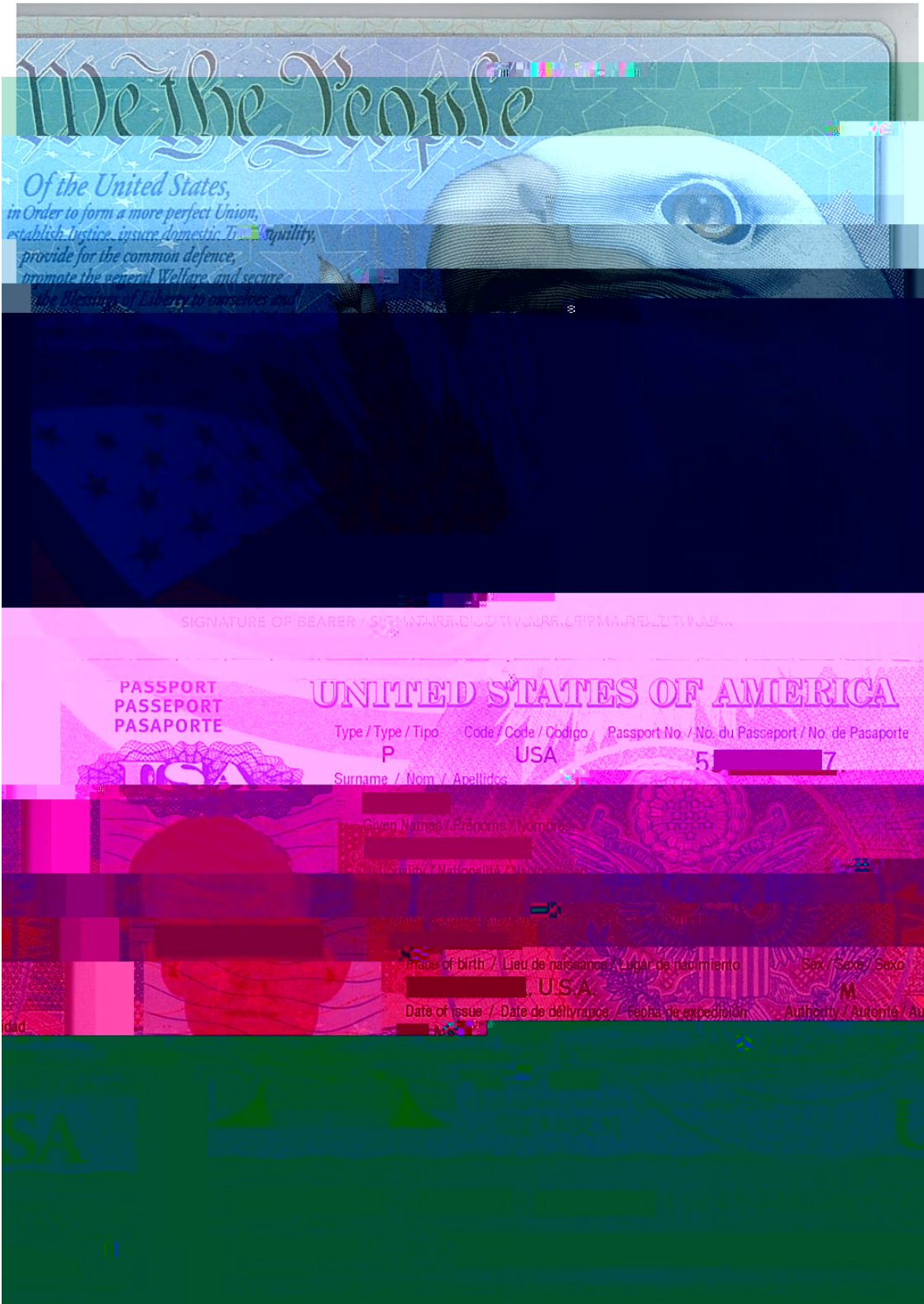
任命书

兹任命：

_____(女；国籍：日本；护照
_____)，
_____)，
程序，被任命为_____(天津)有限公司
文化交流部经理，自2015年2月12日至2018年2
月11日，任期三年。

法人代表：_____
2015年2月12日





中华人民共和国签证
CHINESE VISA

签证种类 CATEGORY **Z** 次数 ENTRIES **01(壹)**

请于此前入境 ENTER BEFORE **20AUG2013** 入境后可停留 DURATION OF EACH STAY **000** 天 DAYS AFTER ENTRY

签发日期 ISSUE DATE **20MAY2013** 签发地点 ISSUED AT **香港**

姓名 FULL NAME [REDACTED]

出生日期 BIRTH DATE **21DEC1952** 护照号码 PASSPORT NO. [REDACTED]

备注 REMARKS



中华人民共和国外国人居留许可
RESIDENCE PERMIT FOR FOREIGNER IN THE PEOPLE'S REPUBLIC OF CHINA

姓名 Full Name [REDACTED]

出生日期 Birth Date **17 SEP 1979** 护照号码 Passport No. [REDACTED]

签发日期 Issue Date **27 JUN 2006** 有效期至 Valid Until **21 JUN 2007**

签发地 Issued at **北京** 居留事由 Purpose of Residence **任职**

备注 Remarks

R<



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1 [REDACTED] 9

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER							
1A. NAME OF CHILD - FIRST		1C. MIDDLE		1E. LAST					
2. SEX		3A. THIS BIRTH SHOULD BE INDEXED		3B. IF FULLY INDEXED BY WHO, ETC.		4A. DATE OF BIRTH - MONTH/DAY		4B. HOUR - 24 HOUR CLOCK TIME	
5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY WHITTIER HOSPITAL				5B. STREET ADDRESS - STREET AND NUMBER OR LOCATION [REDACTED]					
6C. CITY WHITTIER				6D. COUNTY LOS ANGELES					
8A. NAME OF ATTENDING PHYSICIAN - PREFIX		8B. SUFFIX		9C. LAST		10. MARITAL STATUS		11. SIGNATURE OF BIRTH REGISTRAR	

中华人民共和国
个人所得税完税证明

(2005-1) 粤地93

填发日期: 2005 年 4 月 22 日

纳税人识别号

所属时期
样本 (1)

珠海红山实业有限公司
TEL: 0756-7253889 FAX: 0756-7253889

实缴税款


纳税人作完税凭证

地方税务局
(盖章)
征收专用章

纳税人姓名	纳税人识别号	所属时期	实缴税款
纳税项目			
一、工资薪金所得			
二、其他各项所得			
合计			

感谢您为祖国繁荣昌盛做出的贡献
Thank you for your contribution to
China's flourishing and prosperity!





犯罪経歴証明書
Certificate of Criminal Record

氏名 Name	[Redacted]
性別 Sex	[Redacted]
生年月日 Date of birth	[Redacted]
国籍等 Nationality	日本 Japan
旅券番号 Passport No.	[Redacted]
提出先 Information released to :	中国 関係機関御中 The Competent Authorities of China


上記の者は現在警察庁において保管中の指紋資料の調査によれば記載すべき犯罪経歴は認められない。
This is to certify that according to the fingerprint files currently maintained by the National Police Agency of Japan, the person mentioned above does not have any applicable criminal record as of the time of issuance of this certificate.

Je soussigné, certifie par la présente que, après avoir effectué des recherches dans le registre des empreintes digitales conservé par l'Agence de la Police Nationale japonaise, la personne mentionnée ci-dessus n'a aucun antécédent criminel à la date à laquelle ce certificat est établi.

Durch dieses Zeugnis, ausgestellt vom Nationalen Polizeiamt Japan, wird bescheinigt, dass für die oben erwähnte Person bis zum Datum der Ausstellung des Zeugnisses in Japan kein früherer Strafreigistereintrag im Fingerabdruckregister des Nationalen Polizeiamts Japan besteht.

El presente certifica que la persona arriba mencionada no tiene ningún antecedente criminal aplicable en el Japón hasta la fecha de la expedición de este certificado, según los archivos de sus huellas digitales que conservan la Agencia Nacional de Policía del Japón.

発行日 (西暦) Date of issue	2017年2月3日 (Feb. 3, 2017)
	富山県警察本部長 警視長 白井利明
	Toshiaki Shirai Commissioner Chief of Toyama Prefectural Police Headquarters



For legalization by the foreign consul in Japan this is to certify that the Seal affixed to this document is genuine.
Tokyo, FEB 15 2017. **T. TANAKA**
Official
Ministry of Foreign Affairs
(Consular Service Division)



(2017)日領認字第 0001191 号

茲证明前面文书上日本国外务省的印章和该省官员田中俊惠的签字均属实。

该文书内容由出文机构负责。

中华人民共和国
駐日本国大使馆领事部
一等秘书兼领事

2017年02月20日

A4826294



离职证明

(个人原因离职适用)

_____先生/女士(身份证号: _____),
 自_____年____月____日入职我公司担任_____部_____一
 职, 劳动合同期限为_____年____月____日至_____年____月
 _____日, 于_____年____月____日因个人原因申请离职, 工作年
 限: _____年, 期间工作良好, 无不良表现。
 现已离职, 并办理交接手续。
 因未签订保密与竞业限制相关协议, 遵从择业自由。

特此证明。

公司盖章:

签字:

日期: _____

年____月____日

决

签收回

于_____年____月____日

本人已收到_____公司

出具的《离职证明》

并(签名) _____

_____年____月____日







证书编号: _____

统一社会信用代码: _____

名称: _____

住所: _____

首席代表: _____

业务主管单位: _____

活动地域: _____

业务范围: _____

发证机关: _____

发证日期: _____ 年 _____ 月 _____ 日

年检记录

持证须知

- 一、《境外非政府组织代表机构登记证书》是境外非政府组织代表机构依法设立和进行活动的凭证。《境外非政府组织代表机构登记证书》经加盖登记管理机关印章后方为有效。
- 二、《境外非政府组织代表机构登记证书》分正本和副本。正本和副本具有同等法律效力。境外非政府组织代表机构应当将正本悬挂于办公场所的醒目位置。
- 三、《境外非政府组织代表机构登记证书》不得涂改、转让、出租、出借。除登记管理机关以外，其他任何单位和个人不得扣留、收缴。
- 四、境外非政府组织代表机构变更登记事项，应当依照有关规定向原登记管理机关申请换领《境外非政府组织代表机构登记证书》；如遗失或损毁《境外非政府组织代表机构登记证书》，应当立即向登记管理机关报告，并依照有关规定申请补发。
- 五、境外非政府组织代表机构终止活动，应当在办理注销时将《境外非政府组织代表机构登记证书》交回原登记管理机关。
- 六、本证书由公安部统一印制，任何单位和个人不得擅自印制。

姓名 Name	_____	任职机构 Name of Office	_____
性别 Sex	_____	发证日期 Issued on	_____
职务 Post	_____	有效期限 Expiration	_____

宣誓书

中华人民共和国
驻华大使馆

宣誓人、
公民(护照号码)， 年 6 月 6 日中国
出生，宣誓无犯罪记录。

宣誓人签字

我在 2016 年 11 月 25 日此公证以上的美国公民宣誓人在我面前发誓以上宣誓的内容。我在此不承担任何法律责任。

大使馆长官签字



宣誓书

我, [REDACTED] 声明前述是我保存我的学
士学位证书的复印件。

[REDACTED]
签名

纽约州

纽约市

宣誓于 2016 年 12 月 15 日

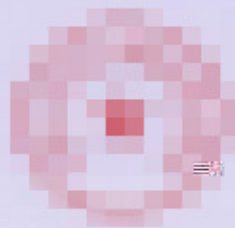
[REDACTED]
公证人或事务专员

[REDACTED]
公证人, [REDACTED]

编号: [REDACTED]

授权于纽约市

有效期限: 2019 年 1 月 15 日





The State of [redacted]
Secretary of State

I, [redacted], Secretary of State of the State of [redacted], DO HEREBY

CERTIFY that according to the records of this office,

[redacted] SKY [redacted] AMOS

was commissioned as a Notary Public for the State of [redacted] on January 15,
2016, for a term ending on January 15, 2020.

Issued: February 22, 2017
Certificate Number: [redacted]



[redacted signature]
Secretary of State

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