附件：

事务所意见反馈表

一、《重庆市会计师事务所执业质量评价管理暂行办法（征求意见稿）》

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| 填表人 |  | 电话 |  | 传真 |  | E-mail |  | |
| 单位 |  | | | 通信地址 |  | | 邮编 |  |
| 序号 | 章条号 | 修改建议 | | | 修改理由 | | | |
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请将意见反馈表见以扫描件或Word等文本形式反馈至：593835596@qq.com （纸幅不够，请附页）