附件

意见反馈表

单位名称： 联系人： 联系电话：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **条款** | **具体修订意见** | **修订理由** | **备注** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |