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| **申请人** |  | **证件类型** |  | **证件号码** |  |
| **受托人** |  | **证件类型** |  | **证件类型** |  |
| **受托单位** |  | **单位代码** |  | **单位名称** |  |
| **申请事项** | | | | | |
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| **序号** | **申报信息** | | | **申报内容** | |
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| **申请人 确认说明** | \_\_\_\_\_\_\_\_\_\_\_确认上述信息已如实填报，如有不实自行承担法律责任，联系手机号码 ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_  申请人（受托人/单位）签字（盖章）： | | | | |

**北京市社会保险缴费业务申请表（个人）**