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| 附件3： 领取养老保险待遇资格认证预约登记表 | | | | | | |
| 社保分中心： | |  |  |  |  |  |
| 序号 | 姓名 | 公民身份证号码 | 性别 | 联系人 | 联系电话 | 家庭住址 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
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经办人：