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| 基本养老保险关系转移接续申请表 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 姓 名 | |  | 性 别 | |  | 公民身份号码 | |  | | | | | | | | | | | | | | | | | |
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| 原个人编号 | |  | 户籍所在地 | |  | | | | | | | | | | | | | | | | | | | | |
| 原参保  所在地  区名称 | |  | | | | | 原参保地社 保机构行政 区划代码 |  | | | | | | | | | | | | | | | | | |
| 原参保地社保机构名称 | |  | | | | | 原参保地社保机构联系电话 |  | | | | | | | | | | | | | | | | | |
| 原参保地  社保机构  地址 | |  | | | | | | 原参保地社保机构邮政编码 | | | | | |  | | | | | | | | | | | |
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| 参保单位（章）: | | | |  |  | | 申请人（签字）： | | | | | | | | | | | | | | | | | | |
| 联系电话： | | | | |  | | 联系电话： | | | | | | | | | | | | | | | | | | |
|  | 年 月 日 | | |  |  | | 年 月 日 | | | | | | | | | | | | | | | | | | |
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| 注： 1.落款中的参保单位和申请人，二选一即可。  2.此件一式两份，申请单位（个人）、受理社保经办机构各一份。(一式两联) | | | | | | | | | | | | | | | | | | | | | | | | |  |
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