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| **零工市场（驿站）商业保险补贴人员花名册** | | | | | | | |
| 怀柔区人力资源和社会保障局审核:(盖章) | | | | | | | |
| 序号 | 身份证号码 | 姓名 | 性别 | 是否京籍 | 补贴次数 | 补贴金额 | 联系电话 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
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| 用人单位:(盖章) 填表人: 电话: 年 月 日 | | | | | | | |