附件二

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| **批量申请社会保障卡信息表** | | | | | | | | | | | | |
| **单位名称** | | | | | | | | | | | | |
| **序号** | **姓名** | **出生日期** | **性别** | **民族** | **国籍** | **证件类型** | **证件号码** | **证件有效开始日期** | **证件有效截止日期** | **发证机关** | **手机号码** | **通讯地址** |
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| （备注：仅限大陆居民人员填写） | | | | | | | | | | | | |

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| **批量申请社会保障卡信息表** | | | | | | | | | | | | |
| **单位名称** | | | | | | | | | | | | |
| **序号** | **姓名** | **出生日期** | **性别** | **国籍（缩写）** | **证件类型** | **证件号码** | **港澳台居民来往内地/大陆通行证的换证次数（仅限持通行证人员）** | **证件有效开始日期** | **证件有效截止日期** | **发证机关** | **手机号码** | **通讯地址** |
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| （备注：仅限非大陆居民人员填写） | | | | | | | | | | | | |