泰州市住房公积金本地转移集中办理申请委托书

单位名称（签章）：

本单位承诺所提供的所有材料及信息真实、准确、有效，并承担因材料虚假、信息错误引发的相关责任。

受托人姓名：

受托人身份证号码：

受托人联系电话：

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