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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| 序号 | 姓名 | 身份证号码 | 原单位名称 | 原单位公积金账号 | 原个人公积金账号 | 现单位公积金账号 | 职工签字 |
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