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| **北京市社会保险缴费业务申请表（单位）** | | | |
| **申请单位（公章）** |  | **统一社会信用代码** |  |
| **申请事项** | | | |
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| **序号** | **申报信息** | **申报内容** | |
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| **申请单位**  **确认说明** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_确认上述信息填报正确。 | | |