表201701-210

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|  |  | |  |  |  | |  |  |  |  |  | 编号： | | | | | | |  |  |  |  |  |  |  |
| 基本养老保险关系转移接续申请表 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 姓  名 | |  | 性 别 |  | | 公民身份号码 |  | | | | | | | | | | | | | | | | | | |
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| 原个人编号 | |  | 户籍所在地 |  | | | | | | | | | | | | | | | | | | | | | |
| 原参保  所在地  区名称 | |  | | 原参保地社  保机构行政  区划代码 | | |  | | | | | | | | | | | | | | | | | | |
| 原参保地社保机构名称 | |  | | 原参保地社保机构联系电话 | | |  | | | | | | | | | | | | | | | | | | |
| 原参保险种类型 | | 机关事业单位养老保险〔 〕 企业职工养老保险〔 〕 | | | | | | | | | | | | | | | | | | | | | | | |
| 原参保地  社保机构  地址 | |  | | | | | 原参保地社保机构邮政编码 | | | | | | |  | | | | | | | | | | | |
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| 参保单位（章）: | | |  |  | 申请人（签字）： | | | | | | | | | | | | | | | | | | | | |
| 联系电话： | | | |  | 联系电话： | | | | | | | | | | | | | | | | | | | | |
|  | 年  月 日 | |  |  | 年  月  日 | | | | | | | | | | | | | | | | | | | | |
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| （落款中的参保单位和申请人，二选一即可） | | | | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |