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| 序 号 | 姓名 | 公民身份号码(社会保障号码) | | | | | | | | | | | | | | | | | | 变更前 | | 变更后 | | 备注 |
| 起止时间 | 月平均  工资 (元) | 起止时间 | 月平均  工资 (元) |  |
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| 单位经办人签章: 联系电话： 单位负责人签章： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |

机关事业单位基本养老保险参保人员缴费变更申报表

单位名称（公章）： 社会保险登记编号：

广东省社会保险基金管理局制