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| 附件12 |  |  |  |  |  |  |  |  |
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| 境外工作人员人身意外伤害保险明细表 |  |
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| 申报单位名称： |  |  |  |  |  |  |  |  |  |  |
| 序号 | 姓名 | 性别 | 身份证号 | 护照号 | 护照复印件 | 签证复印件 | 合同复印件 | 项目或雇主名称 | 工作准证复印件 | 出境期间 |  |
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