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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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