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| 职工住房公积金账户资金变动短信服务申请表 | | | | | |
| 单位名称：（加盖单位行政公章） | | | | | |
| 单位住房公积金账号： | | | | | |
| **序号** | **姓名** | **个人账号** | **证件号码** | **手机号码** | **职工签名** |
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| 说明:1.申请开通本服务视同个人自愿接收湖南省直单位住房公积金管理中心主动向客户发   送的免费短信。包括个人住房公积金账户的汇补缴业务、提取业务、贷款业务。   2.申请办理人数在10人以上的，请同时提供本表的电子文档。 | | | | | |