附件 16

编号：

江西省企业养老保险关系转入申请表

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| 姓 名 |  | 性 别 | □男  □女 | 证 件 号 码 |  | | | | | | | | | | | | | | | | | |
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| 原参保地  经办机构  名称 |  | | | | | | | | | | | | | | | | | | | | | |
| 转入地社保经办机构已告知养老保险关系转移后利害关系，本人郑重提出养老保险关系转入申请，如 因材料或填报信息虚假导致的问题，本人自愿承担全部责任。  申请人 (签字按手印) ：  联系方式：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |