**深圳市龙华区妇幼保健院安保服务管理项目报名表**

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| **序号** | **公司名称** | **授权人** | **联系电话** | **身份证号码** | **备注** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
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