# 第三方服务人员一卡通集体办理申请表

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| --- | --- | --- | --- | --- |
| **申请信息** | **申请单位** |  | **办卡人数** |  |
| **经办人** |  | **联系方式** |  |
| **第三方服务人员:**  请在本栏填写申请事由  申请事由（必填）： | | | |
| **申请单位意见** | **负责人签字：**    **单位盖章：**    **年 月 日** | | | |

注：请提交申请后10个工作日内办理“校园一卡通”，逾期未办理“校园一卡通”的人员信息将会注销。临时人员办理一卡通需缴纳20元工本费。

# 第三方服务人员申请信息

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| **序号** | **姓名** | **性别** | **身份证号** | **申请期限** |
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