附件二：

**从业人员信息表**

单位名称（盖章）：                      日期：  年  月  日

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| 序  号 | 姓 名 | 性别 | 证书名称 | 证书编号 | 身份证号码 | 联系电话  （手机） | 备 注 |
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注：一人多证可分行填写，以上人员必须附相应资格证书复印件（加盖公章），提供原件备验。