附件

住房公积金缴存基数调整表

单位名称（盖章）：

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| **职工账号** | **职工姓名** | **身份证号码** | **原缴存基数** | **原月缴额** | **新缴存基数** | **新月缴额** | **单位比例** | **职工比例** | **手机号** |
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