第三方人脸识别信息采集表

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| 序 号 | 姓 名 | 性 别 | 部 门 | 身份证号 | 手机号 | 备 注 |
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| 单 位： 单位负责人（签字并盖章） 时 间： 年 月 日 | | | | | | |