附件9

宿城区低保家庭外无固定收入重度残疾人生活补贴统计表

乡镇（街道） 单位：人/元

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| 序号 | 姓名 | 性别 | 身份证号 | 残疾  证号 | 残疾类别 | 残疾等级 | 现 住 址 | 联系电话 | 补贴金额 | 开户行 | 卡号 | 备注 |
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填表人： 审核人（科长）： 年 月 日