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| 附件4新冠病毒感染防治重点药械生产企业设备投资补助专项申报汇总表 |
| 填报单位： |  |  |  |  |  |  |  |  |  |
| 序号 | 企业名称 | 项目名称 | 统一社会信用代码 | 法定代表人姓名 | 身份证号码 | 项目地址 | 企业联系人、联系电话 | 已享受（含申报）市技改投资补助情况 | 已享受（含申报）省级贷款贴息情况 | 信用情况 | 备注 |
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| 注：本表由晋安区、福清市工信局填报 |  |  |  |  |  |