附件

换证律师名单

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| 填报单位：（盖章） 填报日期： | | | | | |
| 序号 | 姓名 | 身份证号 | 资格证号 | 律师执业证号 | 备注 |
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联系人： 联系电话：

注：律师执业证“律师年度考核备案”一栏登记事项未填满的，不在此次换证范围。