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| **序号** | **机构类型** | **单位名称** | **注册资本****（万元）** | **成立时间****(年）** | **湖南是否****有常设机构** | **单位人数** **（人）** | **联系人** | **联系人职务** | **手机** | **电子邮箱** |
| 1 | 第三方支付机构 |  |  |  |  |  |  |  |  |  |
| 2 | 系统服务商 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
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**附件1：基础信息表**