



Customer Protection Fund Data Statement

Personal Information		
Name:	Date of Birth:	Gender:
ID Card No./Passport No. :		Marital Status:
Family Members (Please Specify):		
Education level:	Office Address:	Occupation:
Region / City :	Email Address:	
Home Phone Number:	Home Address:	
Cell Phone No. :	Postal Address:	
Office Phone Number:	Company Contact Address:	
Description of The Situation (Event Description and Proof):		
Desired Solutions for the problem:		
Description of the Golden Day Profit Protection Fund: Golden Day Profit shall review and make a decision within 5 working days from the date of receipt of the application, and give consent and assistance to eligible parties. Golden Day Profit shall establish a protection fund to help the customers that face life difficulties caused by force majeure events. Our partners and staff are equally applicable.		

Signature Of Applicant: _____

Date: _____