Application for Listener's Predicament Management				
Applicant	Name		Cell phone #	
	Resident Registration #		Contact #	
	Address			
E-mail		Date & Time of broadcast		
Program Name				
Matter of Damage				
Manage requirement				

I ask for an appropriate measures to be taken as the written predicament management has been applied above.

(YY/MM/DD) / /

Applicant signature : (인)

To GFN Listener's Predicament Management

Documentary Evidence :