附件5

报送案例汇总表（金融机构）

金融机构名称**（盖章）**：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 联系人及电话：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **机构名称** | **案例名称** | **案例简述****（150字以内）** | **联系人** | **电话** | **邮箱** |
| 1 |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |