

# Cardholder Transaction Dispute Form

## Instructions:

In order for us to investigate your dispute:

1. The **CUSTOMER INFORMATION** and **TRANSACTION DISPUTE DETAILS** should be complete and legibly filled out.
2. Please **check one** category which **best** describes your dispute and enclose all supporting **documents**.
3. Please complete one form for each disputed transaction if dispute types are different in nature.
4. Your duly filled out signed form must reach us through fax or mail within **60 days** from posting date.

## CUSTOMER INFORMATION

Customer Name (Last, First, M.I.)

Card No.

Email Address

Tel. No.

Mobile No.

Fax No.

## TRANSACTION DISPUTE DETAILS

Transaction Date	Post Date	Merchant Name	Transaction Amount (Php)	Transaction Amount (Foreign)

<input type="checkbox"/> <b>Unauthorized Transaction</b> I did not authorize or participate in the transaction(s) indicated above or authorize anyone to engage in the transaction(s) and my card was in my possession at the time of purchase.	<input type="checkbox"/> <b>Cancelled Membership / Subscription</b> I have cancelled the subscription / membership / policy (encircle one) on ____/____/____ (dd/mm/yy) yet the charge was billed to my credit card. Enclose is a <b>proof of my cancellation with the merchant</b> .
<input type="checkbox"/> <b>Duplicate Billing</b> I have been billed more than once for the same transaction. I authorized only one charge with this merchant for the amount of ____ on ____/____/____ ( dd/mm/yy).	<input type="checkbox"/> <b>Incorrect Amount</b> I made a transaction amounting to _____. However, I was charged for _____. I am disputing the difference of _____. Enclosed is the <b>copy of the sales slip</b> .
<input type="checkbox"/> <b>Paid by Other Means</b> I used another form of payment for this transaction(s) (cash, check, or other credit card). Enclosed is a <b>copy of the proof of payment</b> .	<input type="checkbox"/> <b>Undispensed Cash Advance</b> I attempted to withdraw cash thru (name of bank) _____ ATM located at _____ (Area, City) on ____/____/____ (dd/mm/yy), however no cash was dispensed. Enclosed is a <b>copy of the ATM Slip</b> .
<input type="checkbox"/> <b>Non-Receipt of Merchandise</b> I ordered the merchandise on ____/____/____ (dd/mm/yy) with an expected delivery date on ____/____/____ (dd/mm/yy). Enclosed is a <b>copy of my order form</b> .	<input type="checkbox"/> <b>Refund/Credit Not Processed</b> I have not received my refund from the merchant. Enclosed is a copy of my <b>credit voucher</b> .
<input type="checkbox"/> <b>Defective / Returned / Not as Described Merchandise</b> The item that I purchased did not conform to what was agreed with the merchant or was defective. I returned the item(s) last ____/____/____ (dd/mm/yy). Enclosed is the <b>proof of return / credit voucher and documentation that supports my claim</b> .	<input type="checkbox"/> <b>Others</b> Please provide a complete description of the dispute along with your attempted resolution with the merchant. Enclose any documentation that may support your claim.

## TERMS AND CONDITIONS

1. All disputed transactions within 60 days from the posting date will be temporarily credited within 5 days from the receipt of the transaction dispute form.
2. All transaction reported beyond 60 days from the posting date will no longer be accommodated and will be considered true, accurate and binding upon you.
3. You will be advised of the final disposition via letter or call out within 90 calendar days from receipt of the transaction dispute form.
4. If the dispute was proven to be invalid, the disputed transaction will be debited back to your statement of account along with the corresponding finance charges due to the non payment of the disputed transaction(s).

I hereby affirm that the information furnished above is true to the best of my knowledge.

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Date

### Customer Service Hotline Numbers:

Amex Dollar Cards, Cathay Pacific & Platinum Credit Cards:  
Tel. No.: 81-417  
Fax No. 857-2430

MasterCard, Visa, JCB, UnionPay, AMEX Gold, Green and Blue Credit Cards:  
Tel. No.: 631-8000  
Fax No. 702-6881 or 702-6882

### Mailing Address:

c/o Service Fulfillment Unit  
5th floor JMT Corporate Condominium  
27 ADB Ave, Oritgas Center Pasig City, 1605