



# CARDHOLDER DISPUTE FORM

Metro Manila: (+632) 8841-8600  
 PLDT Domestic toll free: 1-800-1888-2277  
 International toll free: (IAC) + 800-8277-2273  
 Email Address: [customer.service@unionbankph.com](mailto:customer.service@unionbankph.com)

## THIS FORM MUST BE RECEIVED WITHIN 30 CALENDAR DAYS FROM STATEMENT DATE.

Please complete this form and include the necessary documentation upon submission to the indicated email address or fax number above. These documents are required before we can process your dispute in accordance with the chargeback rules and regulations defined by Visa and MasterCard. If we do not receive these requirements within the specified timeframe, it will be presumed that you acknowledge the transaction(s) as valid. If your dispute has been processed, a dispute fee\* of PHP1,000.00 will be charged on your account once the disputed transactions are rendered valid charges.

### Card Number

4 1 6 2 9 6 x x x x x x 7 3 4 0

### Cardholder Name (Last Name, First Name, MI)

Perez, Reyzen M.

### Email Address

reyzen.perez0505@gmail.com

### Mobile Number

09688515911

### Home Number

0468526367

### Office Number

## PLEASE INDICATE THE DETAILS OF THE DISPUTED TRANSACTIONS HERE.

TRANSACTION DATE	MERCHANT NAME	DISPUTED AMOUNT
July 21, 2022	VISA-GRAB MAKATI PH	534.40

Kindly tick the description that is most applicable to your dispute and provide requested information and documentation (if any). Please note that it may not be possible to assist you with your dispute unless all relevant details and documents are submitted together with this form.

### Dispute Types:

- ☒ I was charged twice/multiple times for the same transaction.
- ☐ I did not participate or authorize the transaction(s), I did not allow anyone to use my account to make purchases on my behalf. My card was:
- ☐ Lost/Stolen Date Reported: \_\_\_\_\_
  - ☐ Never Received
  - ☐ Card was in my possession during the time of use
- ☐ The merchant provided me with a refund/credit slip last \_\_\_\_\_. However, refund/credit has not yet appeared on my account.
- ☐ I cancelled the transaction with the merchant last \_\_\_\_\_. Attached is proof of my cancellation request sent to the merchant last \_\_\_\_\_.
- ☐ My transaction with the merchant was declined last \_\_\_\_\_. However, it still got posted on my account. Attached is proof from the merchant affirming that the transaction was declined.
- ☐ I did not receive the merchandise/services that I paid for. They were expected to arrive on \_\_\_\_\_. I contacted the merchant last \_\_\_\_\_ via \_\_\_\_\_ to try and resolve the matter. Attached is proof of my effort to coordinate with the merchant (and other relevant information, if any).
- ☐ The merchandise I received was defective. I returned it to the merchant last \_\_\_\_\_ and requested for a refund. Attached is my proof of return of the merchandise (and other relevant supporting documentation, if any).
- ☐ The merchandise/services that I received were not the same as what I ordered. I attempted to return them last \_\_\_\_\_ and asked the merchant for a refund last \_\_\_\_\_. Attached is my proof of return (and other relevant supporting documentation, if any).
- ☐ The amount charged was incorrect. Correct transaction amount is \_\_\_\_\_. Attached is a copy of the transaction receipt showing the correct transaction amount.
- ☐ I paid for the transaction via other means. Attached is my proof of other method of payment (e.g. other credit card statement/cash payment receipt).
- ☐ Others (Please specify) \_\_\_\_\_

### Request for Copy of Sales Slip\*

- ☐ I need a copy of the signed sales slip for validation as I do not recognize/remember the transaction. I agree that a retrieval fee of PHP200.00 will be charged on my account in case the transaction is valid based on the information on the retrieved sales slip.

### Quitclaim

I understand that the investigation and resolution of my dispute may take up to forty-five (45) banking days or longer. I undertake to submit this original duly-accomplished and signed Cardholder Dispute Form to any UnionBank Branch and understand that any refund granted to me will require the submission of said original form. I also agree that any refund granted to me by UnionBank will not be construed as an admission of any mistake or liability on the part of UnionBank and, that upon any such refund, I automatically waive any and all claims, suits or actions including claims for any liability, actions for the recovery of a sum of money or damages of whatever kind and nature, as well as all demands, rights and causes of action that I currently have or may have against UnionBank, its employees, officers, directors, shareholders, agents, representatives, successors and assigns related to or arising from the transaction/s subject of this Cardholder Dispute Form.

Cardholder Signature: \_\_\_\_\_

Date: 8/9/2022