

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

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

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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 or 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 merchand 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 paymen 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 UnionBand 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: