

	<i>fax/postal confirmation. Please provide a brief description of the expected goods/services:</i>
	ATM withdrawal. I have tried to withdraw cash from the ATM of (name of Bank) _____ at (location) _____ but cash was not dispensed (ATM slip copy enclosed). I have received only (amount and currency of amount) for ATM withdrawal but an amount of (amount and currency of amount) was debited from my card account.
	Refund/Credit not processed. Credit transaction receipt issued but credit not processed/posted to my account or goods returned on (date) _____ to merchant but refund not processed. Please enclose the credit transaction receipt and/or enclose proof that the merchant received the returned merchandise e.g. Registered Mail receipt or courier invoice signed by the merchant upon receipt of the goods.
	Others (Please provide detailed explanation and enclose necessary document to support the dispute – if applicable): _____ _____ _____

CARDHOLDER'S DECLARATION

<p>I hereby declare that:</p> <ul style="list-style-type: none"> • All information provided above is correct, true and to the best of my knowledge • I hereby authorize G – Xchange, Inc. to investigate/correct the transaction (s) in dispute. • If the transaction is found to be legitimate, I agree (a) to bear the sales slip retrieval fee of _____, and other processing charges incurred by the G – Xchange, Inc. in the course of the investigation, and (b) the G-Xchange, Inc. has the right to reverse any temporary credit given in this regard & levy applicable fees and interests on the transaction with retrospective effect. • I understand that the investigation may take 180 days (or more if pre-arbitration/arbitration is required) for resolution • I understand that the submission of this form is not regarded as a notification of lost card to the G-Xchange, Inc. • I understand that incomplete forms or forms without supporting documents will not be processed • During the course of investigations, I understand G-Xchange, Inc. will contact me to review merchant's rebuttal of my dispute. I understand failure to response within specified timeframe will result in my temporary credit to be reversed. <p>I agree and consent to the G-Xchange, Inc. and/or the permitted parties collecting, and using (a) information which may at any time be provided to the G-Xchange, Inc. in connection with this form, and (b) my account information to the extent that it is required, (collectively, (a) and (b) shall be referred as "Information") for the purpose of facilitating the processing and investigation of the disputed transaction by G-Xchange, Inc. and/or the permitted parties (collectively, the "Purposes"). I further agree and consent to the G-Xchange, Inc. disclosing any Information to a permitted party or such other parties (including Card Schemes such as BancNet, Visa and MasterCard, and any relevant authority) for the Purposes.</p>

Signature over Printed Name

Date

Contact Number

Email Address