

SUBSCRIBER DISPUTE FORM

G-Xchange Inc. The Globe Tower 32nd Street corner 7th Avenue, Bonifacio Global City, Taguig, Philippines 1634

+632.7972000

SUBSCRIBER'S FULL NAME		
SUBSCRIBER'S GCASH REGISTERED MOBILE NO:		
SUBSCRIBER'S GCASH CARD NO:	-	www.globe.com.ph

Transaction	Merchant Name (as it appears in the statement)	Transaction	Transaction
Date		Amount	Reference

Please select the reason for disputing such transaction, put a check on the space provided.

Duplicate Charging I was charged more than once for a transaction I authorized. <i>Please enclose copy</i>
of the transaction receipt which you had authorized, if available.
Unauthorized Transaction This transaction was neither made nor authorized by me / my
supplementary cardholder. The card was in my possession at the time of the transaction and at all
times. Please enclose a copy of front & back of the card, and a copy of the transaction receipt, if
available.
Paid by other means. I have already paid for this transaction by other means Cash, Cheque and other
Card. Please enclose proof of payment by other means (e.g. cash receipt, other credit card transaction
receipt etc.)Please describe mode of alternate payment (e.g. cash, cheque):
Incorrect Amount. The amount charged to my account is different from the amount that I had
authorized. Please enclose copy of the transaction receipt which you had authorized.
Cancelled membership/subscription. I have cancelled my subscription/membership on (date)
Please enclose copy of the cancellation notice addressed to the merchant with
email/fax/postal confirmation. Please note that the request will not be processed unless the
cancellation was done 15 days prior to the submission date of this form.
Merchandise Defective or Not as Described. Goods/services received were either not as described,
damaged/defective, or not suitable for its intended purpose. I have contacted the merchant to resolve
the dispute on date Please attach any relevant documents supporting your claim. Please
provide a brief description on how goods/services were not as described/defective:
Goods/Services not received. Goods/Services for the transaction(s) were not received due to
inability/unwillingness of the merchant. I have attempted to resolve the dispute with the merchant
and/or merchant's liquidator on (date) Goods/Services were expected to be delivered on
(date) Please enclose proof that the dispute has been addressed to merchant with

	fax/postal confirmation. Please provide a brief description of the expected
	goods/services:
	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):
CARDHO	DLDER'S DECLARATION
CANDITO	EDEN 3 DECLANATION
I hereb	y declare that:
•	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.
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	and consent to the G-Xchange, Inc. and/or the permitted parties collecting, and using (a) information may at any time be provided to the G-Xchange, Inc. in connection with this form, and (b) my account
	ation to the extent that it is required, (collectively, (a) and (b) shall be referred as "Information") for the
	e of facilitating the processing and investigation of the disputed transaction by G-Xchange, Inc. and/or the
	ted parties (collectively, the "Purposes"). I further agree and consent to the G-Xchange, Inc. disclosing any
	ation to a permitted party or such other parties (including Card Schemes such as BancNet, Visa and
	Card, and any relevant authority) for the Purposes.
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Signatur	e over Printed Name Date

Contact Number

Email Address