



TRANSACTION SLIP RETRIEVAL & CARDHOLDER'S DISPUTE FORM

Mail to: Customer Service, 7F San Miguel Properties Centre, 7 St. Francis St., Mandaluyong City
Email to: cc-docs@bankcom.com.ph

Date: _____

Principal Cardholder's Name: _____
Principal Card Number: _____

Mobile Number: _____
Home Number: _____
Office Number: _____
Fax Number: _____
Email Address: _____

If transaction is under supplementary: (For Credit Card ONLY)
Supplementary Cardholder's Name: _____
Supplementary Card Number: _____

I AM [] Requesting for a copy of the transaction record [] Disputing transaction/s below

Table with 4 columns: TRANSACTION DATE, TRANSACTION DESCRIPTION (MERCHANT NAME), DEBITED AMOUNT, BILLED AMOUNT

This is to request the Bank to consider the above-mentioned transaction/s under dispute due to the following reason/s. Please check (✓) the most applicable description.

- DESCRIPTION: [] Unauthorized Transaction under principal or supplementary, [] Duplicate/Multiple billing, [] Cancelled membership/subscription, [] Goods or Services not received, [] Refund/credit not processed, [] Incorrect amount, [] Transaction paid by other means, [] ATM Withdrawal, [] Others
OTHER REQUIREMENTS: - Blocked credit card to be surrendered to the Bank, - Bank of Commerce Credit Card Statement of Account (SOA) where transaction was billed more than once, - Copy of cancellation notice acknowledged by the merchant, - Proof that dispute has been communicated with and acknowledged merchant, - Copy of the Credit voucher/credit memo issued by the merchant transaction was billed more than once, - Copy of transaction slip showing correct amount, - Copy of cash receipt, transaction receipt, or statement of account from other, - ATM Withdrawal Receipt

In reporting this concern, I hereby declare that:

- [] My card has always been in my possession and has not been reported lost/stolen [] My card has been reported lost/stolen. Enclosed is a copy of Affidavit Loss/Theft

* I/We certify that all information provided above is true, and to the best of my/our knowledge complete and accurate.

* I/We hereby authorize Bank of Commerce to investigate the transaction/s in dispute and to correct my/our card account accordingly.

* Should the dispute be found invalid, I/we agree that I/we may be liable for the sales slip retrieval fee and other processing charges incurred by the Bank in the course of the investigation. The Bank reserves the right to reverse any temporary credit given in this regard and charge necessary finance charges applicable on the transaction/s with retrospective effect.

* I/We understand that the investigation may take 90 days for resolution.

* I/We have submitted the complete requirements for the Bank to process my request and I/We understand that in case I/We am/are not able to submit the complete requirements, the Bank will not process my/our request.

* I/We understand and acknowledge that the matter may be referred to a law enforcement agency or any appropriate authority for further investigation.

* I/We undertake to fully cooperate and assist the Bank in case it deems it proper to file any action against any person for any offense or causes relative to the matter.

PRINCIPAL CARDHOLDER'S SIGNATURE

SUPPLEMENTARY CARDHOLDER'S SIGNATURE

NOTES:
- If transaction disputed is under the Supplementary Credit Card
- If card is Debit Card or Cash Card, write "n/a"