

Please fill out this form and fax to 845 4117 together with the necessary documentation/s.

Cardholder Name:

Card number used for disputed transaction:     -   -   -

Home Phone No.:  Office phone No.:  Fax No.:

Mobile No.:  Email address:

Merchant Name	Amount	Transaction date	Post date	Reference No.

I have received my billing statement for the month of \_\_\_\_\_ (month/year) and do not agree with the transaction/s stated above due to the following reason/s:

	Nature	Description	Documents required
<input type="checkbox"/>	<b>Multiple posting</b>	I am charged twice/thrice for the same transaction	Sales slip
<input type="checkbox"/>	<b>Transaction not recognized</b>	I am not sure of the transaction and am requesting for a copy of the sales draft. With sales slip retrieval fee of _____.	
<input type="checkbox"/>	<b>Lost Card</b>	My card was reported lost on _____(mmddyy) at about _____ pm/am. My call was received by _____ (authorizer/ CSI name)	Affidavit of Loss
<input type="checkbox"/>	<b>Unauthorized transaction</b>	My Prudentiallife Visa Card is always in my possession. I have not authorized anyone to use my card. The transaction performed at the merchant indicated above was not made with my credit card and I have not benefited directly or indirectly from the transaction. Enclosed is a copy of the front and back portion of my credit card. I shall be sending over said physical card for proper investigation on _____(mmddyy)	Photocopy of front and back portion of credit card
<input type="checkbox"/>	<b>Credit not posted</b>	The merchant gave me a credit memo but it has not been credited to my account.	Credit memo from merchant/ void slip
<input type="checkbox"/>	<b>Paid through other means</b>	I have paid for the transaction with: (please encircle) a. cash; b. cheque; c. other credit card.	Proof of payment (sales slip, receipt)
<input type="checkbox"/>	<b>Items not delivered</b>	I ordered goods/services relating to the above transaction/s, which I have not received.	Documents to prove expected date of delivery/ service
<input type="checkbox"/>	<b>Cancelled transaction</b>	I have cancelled the transaction with the merchant last _____(mmddyy)	Cancellation letter acknowledged by the merchant/ proof of cancellation
<input type="checkbox"/>	<b>Incorrect amount billed</b>	I was charged _____ but actual transaction amount is _____.	Sales slip/ receipt
<input type="checkbox"/>	<b>Others</b>		

In connection with my claim above, I fully understand that any amount credited to my account is provisional pending final outcome of investigations. Further, should the transaction prove to be true and genuine, I understand that the disputed amount shall be reflected on my next billing statement with corresponding finance charges and retrieval request fees where applicable.

Cardholder's Signature over printed name: \_\_\_\_\_ Date: \_\_\_\_\_