



### CARDHOLDER DISPUTE FORM

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Card Number

Primary  Supplementary

- Kindly accomplish this Cardholder Dispute Form, attach all required documents and return to Citibank Dispute Resolution Unit **within 7 calendar days**. Please be advised that the bank is unable to make proper and timely representations to MasterCard/VISA, acquiring banks and third party merchants in the event that we do not receive the Cardholder Dispute Form and the supporting documents (where required) within 7 calendar days. Due to any failure or delay to provide the Documents on your part by due date, the temporary credit will be debited from your account and the disputed transaction shall already be considered valid and chargeable to you.
- Should you wish to add more details to the dispute, please send it separately in another sheet.
- Please complete one form for each disputed transaction if dispute types are different in nature.
- The Cardholder who made the transaction/s must be the one to accomplish and sign the Cardholder Dispute Form.

Sale Date	Post Date	Merchant Name	Foreign Currency Amount	Peso Amount	Case No.

I dispute the above transaction(s) for the following reason/dispute type (Please tick one box only):

<input type="checkbox"/>	<b>Duplicate Billing:</b> The Cardholder was charged more than once for a single authorized transaction. The transaction date & transaction amount of the duplicate transactions should be the same <b>No Additional Documents Required.</b>
<input type="checkbox"/>	<b>Refund/Credit Not Processed / Cancelled One-Time Transaction:</b> (1) A credit transaction receipt has been issued by the merchant, but the corresponding credit was not processed or (2) Goods were returned to the merchant, but refund not processed. <b>Additional Documents Required</b> (Any one of the following): • For cancelled one-time transaction: Credit Transaction Receipt or Cancellation Memo • For Goods Returned : Invoice signed by the merchant upon receipt of the goods
<input type="checkbox"/>	<b>Cancelled Recurring Transaction (Membership/Subscription):</b> Cardholder has cancelled the recurring transaction with the merchant on _____ (date of cancellation), according to the merchant's cancellation policy <b>Additional Document Required:</b> • Cancellation memo provided by the merchant to acknowledge the cancelled transaction
<input type="checkbox"/>	<b>Paid By Other Means:</b> The transaction was settled by the Cardholder through cash, check, or another other credit card. <b>Additional Document Required:</b> • Proof of payment through other means (i.e. cash receipt, cardholder copy of other credit transaction receipt.)
<input type="checkbox"/>	<b>Incorrect Amount:</b> The amount charged to the cardholder is incorrect, the transaction amount should be (Peso / \$) _____ instead of (Peso / \$) _____. <b>Additional Documents Required:</b> • Transaction receipt and signed sales slip indicating the correct amount
<input type="checkbox"/>	<b>Services Not Rendered:</b> Merchant failed to render service without prior notice of cancellation as agreed by both parties. Services were to be provided on _____ ( indicate date ) <b>No Additional Documents Required.</b>
<input type="checkbox"/>	<b>Non-receipt of Goods:</b> Goods are expected by _____ (Please indicate the date the goods were expected to be delivered). <b>No Additional Documents Required.</b>
<input type="checkbox"/>	<b>Unauthorized Transaction:</b> The transaction is/was not authorized by the Principal or Supplementary Cardholder. The credit card is in the Cardholder's possession. ( Please note that for this dispute type , the credit card will be put on Blocked status pursuant to MasterCard/visa rule ) <b>No Additional Documents Required.</b>

I hereby declare that all information provided in this Dispute Form is true and that the attachments are genuine and valid. I hereby authorize Citibank to investigate and where applicable, correct the transaction(s) in dispute. I understand that the resolution of my dispute is subject to the timeliness and validity of my submission, the applicable criteria of the card networks, and the results of the investigation and Citibank does not make any guarantee that my transaction will be reversed or cancelled. Should the dispute be found invalid, I agree that P250 shall be charged to my credit card for every sales slip retrieval made in the course of the investigation. The provisions of the Cards Terms and Conditions shall also apply.

Please send the Cardholder Dispute Form **within 7 calendar** days to any of the following:  
 Citibank Dispute Resolution Unit Fax : +63 2 995 5480 or + 63 2 995 9421  
 Citibank Dispute Resolution Unit Email Address: dispute.ph@citi.com  
 Citibank Dispute Resolution Unit Address: 15F Citibank Square, 1 Eastwood Avenue Eastwood City, Barangay Bagumbayan, Quezon City, Philippines 1110