



Transaction Dispute Form

A. Please write legibly using capital letters only.

B. You must return the completed form no later than 45 days after the transaction date when the disputed transaction were charged.

C. You can submit the completed form to any of the following:

- Email: customercare@mail.landbank.com
- Fax to: (02)528-8408
- Mail to Customer Care , LANDBANK PLAZA 1598 M.H. Del Pilar cor. Dr. J. Quintos St. Malate, Manila 1004
- LandBank Branch

D. *For details in dispute, please provide a copy of the following:

- Statement where the transaction appears – indicate the transaction(s) being disputed as well as the last authorized transaction performed on the card
- Transaction Receipt (e.g., EFTPOS receipt, ATM receipt, payment receipt or sales voucher)
- Any documentation which may support your claim

ACCOUNT HOLDER DETAILS

Surname :	
First name :	
Middle name :	
Phone number:	
Account number:	
Name of cardholder, if different to account holder:	

TRANSACTION DISPUTE (Complete details where known)

Date:	MM/DD/YY	Time:	HH:MM AM <input type="checkbox"/> PM <input type="checkbox"/>	Amount:
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Transaction Type

<p>ATM <input type="checkbox"/></p> <p><input type="checkbox"/> Non - Dispensed</p> <p><input type="checkbox"/> Partial Dispensed</p> <p><input type="checkbox"/> Over Dispensed</p> <p><input type="checkbox"/> Unauthorized Withdrawal</p> <p><input type="checkbox"/> Card Retained / Captured</p> <p><input type="checkbox"/> Others</p> <p>Bank/Location: _____</p>	<p>POS <input type="checkbox"/> Online <input type="checkbox"/> Mail Order <input type="checkbox"/> Tel. Order <input type="checkbox"/></p> <p><input type="checkbox"/> Account Debited but no goods received</p> <p><input type="checkbox"/> Account not Debited but goods received</p> <p><input type="checkbox"/> Twice Debited/Duplicate processing</p> <p><input type="checkbox"/> Over Debit</p> <p><input type="checkbox"/> Under Debit</p> <p><input type="checkbox"/> *Paid by other means (<i>attach proof of payment</i>)</p> <p><input type="checkbox"/> *Cancelled Transaction: <i>Date cancelled/returned</i> ____ / ____ <i>Date merchandise/service was expected/received</i> ____ / ____</p> <p><input type="checkbox"/> *Merchandise/Service not Received: <i>Expected date/time of delivery:</i> ____ / ____ <i>Location:</i> _____ <i>Description:</i> _____</p> <p><input type="checkbox"/> *Defective/Not as described: <i>Date received/returned</i> ____ / ____ <i>Explanation of quality related issue:</i> _____</p> <p><input type="checkbox"/> Credit not processed (<i>attach copy of credit transaction receipt</i>)</p> <p><input type="checkbox"/> Others/Unauthorized (Lost/Stolen/Counterfeit) <i>Pls specify</i> _____</p> <p><input type="checkbox"/> Request for copy</p> <p>Bank/Merchant: _____</p> <p><i>*Pls. provide required additional details on the next page.</i></p>	<p>VMT <input type="checkbox"/></p> <p>VPP <input type="checkbox"/></p> <p>Bank: _____</p>
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DETAILS IN DISPUTE

Give details of why the transaction is being disputed or what aspect is being disputed. Specify any relevant surrounding circumstances and steps taken to ensure the security of the Card and PIN/CVV.

CLASS D

Give details of the last transaction(s) authorized by you using your card.			
Date:	MM/DD/YY	Amount:	
Date:	MM/DD/YY	Amount:	
Date:	MM/DD/YY	Amount:	

**Please provide the items stated above (letter D)*

LOST/STOLEN/MISUSED CARD AND/OR PIN/CVV

What was lost/stolen/misused?		Card <input type="checkbox"/> PIN/CVV <input type="checkbox"/>		
Date lost/stolen/misused:	MM/DD/YY	Time lost/stolen/misused:	HH:MM	AM <input type="checkbox"/> PM <input type="checkbox"/>
Date Reported to LandBank:	MM/DD/YY	Time Reported to LandBank:	HH:MM	AM <input type="checkbox"/> PM <input type="checkbox"/>
Where and how did the breach occur? e.g housebreak in or stolen wallet?				
Did anyone else have access to your card or did you disclose your PIN/CVV to anyone? Yes <input type="checkbox"/> No <input type="checkbox"/>		(Please explain briefly how this happened)		
Did you record your PIN/CVV? Yes <input type="checkbox"/> No <input type="checkbox"/>		(Please explain briefly how and where was the record kept)		
Was your card signed? Yes <input type="checkbox"/> No <input type="checkbox"/>				

SIGNATURE

- I confirm that I have not authorized any transaction being disputed as “not authorized” in this form; or are aware that any amount disputed in this form is in fact a valid charge.
- I confirm that I have not kept in any way a permanent record of the PIN for this card, other than as disclosed in this form; and have disclosed the PIN for this card to anyone, other than as disclosed in this form.
- I consent to LandBank providing relevant third parties with copies of this form and supporting documents as part of the activities required to investigate and resolve this dispute. I understand that this may include personal information contained in such documents.
- I have read this statement in its entirety and attest that the information provided on this statement is true and correct.
- I confirm that I have exerted or attempted to resolve the dispute with the merchant or the merchant’s liquidator, if applicable.
- *Date: _____ *Explanation why the dispute is not resolved with the merchant: _____
- _____
- I authorize LBP to debit from the account all applicable fees and charges arising from processing of this complaint.

Customer/Primary Cardholder Signature over Printed name

MM/DD/YY

Date