

SUBSCRIBER'S GCASH CARD NO:

SUBSCRIBER DISPUTE FORM

SUBSCRIBER'S	GCASH REGISTERED MOBILE NO:		
SUBSCRIBER'S	FULL NAME		
Transaction Date	Merchant Name (as it appears in the statement)	Transactio n Amount	Transaction Reference
Please select the	reason for disputing such transaction, put a che	ck on the spa	ce provided.
	te Charging I was charged more than once for copy of the transaction receipt which you had au		
supplem at all tim	orized Transaction This transaction was neith- nentary cardholder. The card was in my possess nes. Please enclose a copy of front & back of the if available.	ion at the tim	e of the transaction and
and oth	other means. I have already paid for this transa er Card. Please enclose proof of payment by o ard transaction receipt etc.)Please describe mo :	other means (e.g. cash receipt, othe
had aut	ct Amount. The amount charged to my accourthorized. Please provide the amount you had also enclose copy of the transaction receipt which	d authorized:	
(date) _ merchai	ed membership/subscription. I have cancell Please enclose copy of the cant with email/fax/postal confirmation. Please	ancellation no note that th	otice addressed to the re request will not be

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 d e s c r i b e d / d e f e c t i v e :
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 e x p e c t e d g o o d s / 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):

CARDHOLDER'S DECLARATION

I hereby 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 250 pesos 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.

I agree and consent to the G-Xchange, Inc. and/or the permitted parties collecting, and using (a) information which may at any time be provided to the G-Xchange, Inc. in connection with this form, and (b) my account information to the extent that it is required, (collectively, (a) and (b) shall be referred as "Information") for the purpose of facilitating the processing and investigation of the disputed transaction by G-Xchange, Inc. and/or the permitted parties (collectively, the "Purposes"). I further agree and consent to the G-Xchange, Inc. disclosing any Information to a permitted party or such other parties (including Card Schemes such as BancNet, Visa and MasterCard, and any relevant authority) for the Purposes.

Signature over Printed Name	Date
Contact Number	