



ELECTRONIC CHANNEL DISPUTE FORM

CUSTOMER INFORMATION

NAME	CONTACT #	CELL #

ADDRESS

CHANNEL

RETAIL INTERNET BANKING
 ABM/POS
 CREDIT CARD (INTERNET)

TRANSACTION INFORMATION

CARD NUMBER	ACCOUNT NUMBER				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 20px;"></td> <td style="width: 40%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">(First 6 digits)</td> <td style="text-align: center;">(Last 4 digits)</td> </tr> </table>			(First 6 digits)	(Last 4 digits)	
(First 6 digits)	(Last 4 digits)				

USER ID	EMAIL ADDRESS

CUSTOMER'S REPORT

PLEASE ANSWER THE FOLLOWING QUESTIONS:

	YES	NO
1. WAS YOUR CARD LOST?	<input type="checkbox"/>	<input type="checkbox"/>
2. WAS YOUR CARD STOLEN?	<input type="checkbox"/>	<input type="checkbox"/>
3. WAS YOUR PERSONAL IDENTIFICATION NUMBER (PIN) WITH THE CARD?	<input type="checkbox"/>	<input type="checkbox"/>
4. a. WAS YOUR PIN WRITTEN ANYWHERE? IF YES, WHERE? _____	<input type="checkbox"/>	<input type="checkbox"/>
b. WAS INTERNET BANKING PASSWORD WRITTEN ANYWHERE	<input type="checkbox"/>	<input type="checkbox"/>
5. a. HAVE YOU EVER ALLOWED ANYONE ELSE TO USE YOUR CARD? IF SO, WHO? _____	<input type="checkbox"/>	<input type="checkbox"/>
b. HAVE YOU ALLOWED ANYONE ACCESS TO YOUR INTERNET BANKING ACCOUNT IF SO, WHO	<input type="checkbox"/>	<input type="checkbox"/>

ORIGINAL SIGNED BY CUSTOMER

