CARD DISPENSE ERROR /

CHARGEBACK REQUEST

UBA

Date: ☐☐ ☐☐ ☐☐☐☐
D D   M M   Y Y Y Y

Customer's Name

Surname	Middle Name	First Name

Card No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A/C No: ☐☐☐☐☐☐☐☐☐☐☐☐

GSM1 No: ☐☐☐☐☐☐☐☐☐☐☐

Other Phone: (optional) ☐☐☐☐☐☐☐☐☐☐☐

Email: (optional)

AMOUNT REFUNDABLE

Transaction Amount

Surcharge Amount

Less Partial Amt Dispensed (if any)

Total Amount

Total Amount in Words

Date of Transaction ☐☐ ☐☐ ☐☐☐☐
D D   M M   Y Y Y Y

Time of Transaction ☐☐ : ☐☐ ☐ am ☐ pm

Transaction Type   ☐ ATM   ☐ POS   ☐ Mobile   ☐ Web   ☐ Others (Pls specify)

Chargeback / Dispense Error Reason   ☐ Non Dispense   ☐ Partial Dispense   ☐ Merchandise Return
☐ Others (Pls specify)

Comment/Request

Terminal where the transaction was done

Bank   Location

Customer's Signature

Date: ☐☐ ☐☐ ☐☐☐☐
D D   M M   Y Y Y Y

Kindly attach receipt of transaction where available

CRF 00001