

CARDHOLDER DISPUTE FORM



Cardholder's Nam	е		ı											Date	1		_	_
FastWest Credit C	Last Nam	ie r of Disputed Trans	action		First N	ame				Middle	le Nan	ne	'	M	lonth	Day	Year	
Lustwest credit e	lara Wambe	i or Disputed Trans	X	Х	Х	Х		Х	Х)	Χ	Х						1
(First and Last Fo	ur Digits ON	NLY)							· ·									
			(If m	ore tha			ION(s) write the d				eet of	naper)						
Sale Date		Post Date			han 5 transactions, write the details in a separate sheet of paper) Merchant Name/Transaction Description								Amount					
					,													
Total																		
					REASON	/DISP	UTE TY	PE (ch	oose 1	or 2	2)							
□1 I/M	y supple	mentary made	the t	ransa	action(s)	but (cl	heck th	e most	appli	cable	reas	son be	low)					
] I was	s billed twice, i.	.e. 2	or mo	re transa	actions	with th	ne sam	e tran	sactio	on da	ate, ar	nount,	and e	stablis	hment	name	
_	_	I was billed twice, i.e. 2 or more transactions with the same transaction date, amount, and establishment name																
_	_	I cancelled the transaction(s), but still appeared on my statement of account (attach the cancellation document)																
		The good(s) and/or service(s) I ordered on my card was/were not delivered/rendered										indica	ite the	followi	ng			
		ails below)												_				
		cted date of re																
	servi	f good(s) and/or ervice(s)																
		Specific description of jood(s) and/or																
	servi																	
_	The t	ransaction am	ount	on my	v statem	ent of	account	is diff	erent	from	the	amoui	nt on m	v cha	rae sli	n* (atta	ch a	
The transaction amount on my statement of account is different from the amount on clear charge slip)									ic on in	iy Cila	ige sii	p (atta	Cira					
		ase note that the part of the billed								ected	in yo	our orig	inal cha	rge sli	p(s): (a	a) tips		
_	_				the transaction(s) was/were not reversed (attach the return confirmation document													
	from the merchant)				ne dansaction(s) was/were not reversed (attach the return confirmation document													
The transaction(s) was/ware paid through each de							مامله مام	: .		d:	:	ما امد	ماد النام					
					paid through cash, debit or another credit card but still appeared on my statement of earlip or receipt of the transaction)													
<u> </u>										aacan k	olow)							
☐2 I/My supplementary card did not make the transaction(s) (check the most applicable reasonable reasonable)									eason t	below)	1							
·				on(s)) with an EastWest Credit Card that I do not have, i.e. I never received or applied for													
_	the credit card.																	
☐ The transaction(s) was/were made using a lost/stolen card that I have reported.																		
I have the physical credit card but got billed for transaction(s) that I did transaction(s) or charges from merchants that I did not transact with.									ot ma	ke i.e.	questi	onable	online					
	trans	action(s) or ch	arges	from	n mercha	nts tha	at I did	not tra	nsact	with.								
The circumsta	nces I h	ave stated are	true	and d	correct a	nd the	docume	ents I l	nave s	ubmit	tted	are a	uthenti	or du	ıly issı	ued.		
By sending th	is form,	I understand t	hat:															
✓ The	investiga	ation may take	45 ca															
 Applicable fees shall be applied if the disputed transaction(s) is/are proven valid such as, not only limited to retrieval fee, card replacement fee, finance charge and transaction amount; 																		
✓ The	✓ The transaction(s) may be put on hold or temporarily reversed during investigation;																	
 ✓ The disputed transaction(s) will be processed upon receipt of complete documents; and ✓ I shall update EastWest Bank for any changes in my contact numbers (mobile number or e-mail address) to enable the Ban 												nk						
		ate to me the													-55, 6		o Dai	
Please send this form through fax at (02) 784-5601 to 02 or e-mail at csdocs@eastwestbanker.com .																		
SIGNATURE OVER PRINTED NAME																		
EastWest Bank is regulated by the Bangko Sentral ng Pilipinas. For inquiries or complaints, you may call EastWest Bank's 24-Hour Customer Service at																		
(02) 888-1700, e-mail cards@eastwestbanker.com or text EWBCS <space><your message=""> and send to 2327 for Globe subscribers or (0917) 890-2327 for other networks. Similarly, you may contact the BSP Financial Consumer Protection Department at (02) 708-7087.</your></space>																		
for other netwo	rks. Simil	ariy, you may co	ntact	tne BS	or rinancia	ai Consi	umer Pro	rection	∪epart	ment	at (0	2) /08	-/08/.					

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