



Cardholder's Name _____
 Account Number _____
 Last 4 digits of the Card Number _____

Date _____
 Phone Number _____
 E-mail Address _____

INSTRUCTIONS:

The Cardholder must complete, sign, and attach all supporting documentation to the Dispute Form and return to Home Credit Dispute Resolution Unit within 30 calendar days from the statement billing date through the following channels:

- E-mail: disputeresolution@homecredit.ph
- Mail: 11th Floor Vertis North Corporate Center Tower 1, North Avenue, Bagong Pagasa 1, Quezon City 1105

For any concerns, please call the Customer Service Hotline at (02) 7753-5711, available 24 hours 7 days a week.

I am disputing the transaction below:

Transaction Date	Merchant Name	Transaction Amount

___ I don't recognize the transaction.

___ I was billed twice for the same transaction.

___ The transaction was paid by other means: (___ Cash ___ Check ___ another Credit Card ___ Debit Card ___ Others).

- Please attach the proof of payment by other means (e.g. Invoice/receipt showing the payment method, bank statement, other credit card statement)
- Did you attempt to resolve the concern or issue with the merchant? If so, please attach the most recent communication with the merchant.

___ I was billed Php _____ instead of Php _____.

- Please attach a copy of the charge slip/receipt with the correct amount.

___ I have duly notified the merchant to cancel my membership/subscription on (Date: _____) but the merchant continued to charge my credit card..

- Please attach a copy of Cancellation Memo from the merchant.

___ I have cancelled the purchase/service on (Date: _____) by (___ Phone ___ E-mail ___ In-Person) but the merchant did not issue a refund.

- Reason for cancellation:
- Please attach any of the following: Credit Transaction Receipt, Cancellation Memo from the Merchant.
- Terms and Conditions of the Merchant.
- Did you attempt to resolve the concern or issue with the merchant? If so, please attach the most recent communication with the merchant.

___ I returned the merchandise on (Date: _____) by (___ Post/Courier ___ In-Person) but the merchant did not issue a refund

- Reason for return:
- Return Method and Tracking Number, if by Post/Courier:
- Terms and Conditions of the Merchant.
- Please attach any of the following: Proof of Return (Return Receipt) or Invoice signed by the merchant upon receipt of merchandise
- Did you attempt to resolve the concern or issue with the merchant? If so, please attach the most recent communication with the merchant



____ I did not receive the merchandise/service(s). The merchant was supposed to deliver/provide the merchandise/service(s) on (Date: _____)

- Detailed description of merchandise/service:
- Proof of Service/Estimated Delivery Date (Order Confirmation, Contract).
- Did you attempt to resolve the concern or issue with the merchant? If so, please attach the most recent communication with the merchant

____ The merchandise/service I received on (Date: _____) was (___ Counterfeit ___ Defective ___ did not match the description during the time of purchase). Please provide the following information on a separate sheet of paper:

- Detailed description of merchandise/service:
- Please explain how the merchandise/service was defective or different from what was expected.
- Please attach any of the following: Proof of Return (Return Receipt) or Invoice signed by the merchant upon receipt of merchandise
- Did you attempt to resolve the concern or issue with the merchant? If so, please attach the most recent communication with the merchant
- For Counterfeit merchandise, please attach a documentation that the merchandise was identified counterfeit by any of the following: (The owner of the intellectual property or its authorized representative, a customs agency, law enforcement agency, or other governmental agency; or a neutral bona fide expert)
- Photos of the product or service.
- Covering Letter describing the issue and actions you have taken.

____ I had an issue with my ATM withdrawal (____ Cash was not dispensed ____ Insufficient amount of cash dispensed ____ Others)

____ Other Reason(s) – Please attach a letter with detailed information that describes the dispute.

Please note that the resolution may be delayed if the required documents are not received by Home Credit. As a result, Home Credit may be unable to perform reasonable investigation and the transaction(s) being disputed may be considered valid and the dispute resolved.

I hereby declare that all information provided in this form is true and that the attachments are genuine and valid. The results of the investigation does not make any guarantee that my transaction will be reversed or cancelled. Should the dispute be found invalid during investigation, I agree that I will be liable to pay for the disputed transaction(s). The provisions of the Cardholder Agreement shall also apply.

I hereby authorize Home Credit to contact the merchant, acquirer or other parties involved with the payment that may help resolve the dispute.

Cardholder Signature over Printed Name/Date