

Name of Complainant (Last Name, First Name, Middle Name)		Date and Time of Filing	CIF Number (For Bank's use only)
Contact No.	Email Address	Branch of Account	Account Number

TRANSACTION DETAILS	GEN-095
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Beneficiary Institution: _____
 Beneficiary Institution maintains the Beneficiary's Account that receives transferred funds.

Beneficiary Account Details (if known) <small>Beneficiary Account refers to the account that receives the disputed transaction amount.</small>	Transaction Details			
	Date & Time	Ref. No.	Amount	Mode of Transfer / Payment Instruction
Account Name _____ Account No. _____				<input type="checkbox"/> PesoNet <input type="checkbox"/> InstaPay <input type="checkbox"/> Check <input type="checkbox"/> ATM Transfer <input type="checkbox"/> Others _____
Account Name _____ Account No. _____				<input type="checkbox"/> PesoNet <input type="checkbox"/> InstaPay <input type="checkbox"/> Check <input type="checkbox"/> ATM Transfer <input type="checkbox"/> Others _____
Account Name _____ Account No. _____				<input type="checkbox"/> PesoNet <input type="checkbox"/> InstaPay <input type="checkbox"/> Check <input type="checkbox"/> ATM Transfer <input type="checkbox"/> Others _____
Account Name _____ Account No. _____				<input type="checkbox"/> PesoNet <input type="checkbox"/> InstaPay <input type="checkbox"/> Check <input type="checkbox"/> ATM Transfer <input type="checkbox"/> Others _____
Account Name _____ Account No. _____				<input type="checkbox"/> PesoNet <input type="checkbox"/> InstaPay <input type="checkbox"/> Check <input type="checkbox"/> ATM Transfer <input type="checkbox"/> Others _____

REASONS OF DISPUTE

Provide your explanation for disputing the transaction(s).

Unauthorized Transaction. My account credentials were compromised and were used to initiate an unauthorized transaction or a series of unauthorized transactions, all without my knowledge or consent.

Authorized Transaction but Fraud-Induced. My account credentials were not compromised, and I personally created and authorized the payment instruction. However, I was misled into making the payment as I was a victim of the scam below:

Love/Romance Scam Job/Employment Scam Invoice Fraud Scam
 Investment Scam Impersonation Scam Others _____


Other details or circumstances related to the disputed transaction(s). Please be as detailed as possible.

DECLARATION AND ACKNOWLEDGMENT

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in legal consequences under applicable laws and regulations.

I further acknowledge that any person who, with malice or in bad faith, reports or files completely unwarranted or false information that results in the temporary holding of funds may be held criminally liable for malicious reporting under Section 16(e), in relation to Section 11, of Republic Act No. 12010 (Anti-Financial Account Scamming Act) penalized by imprisonment of not less than one (1) year but not more than five (5) years and/or fine of not less than PHP50,000 but not exceeding PHP200,000, at the discretion of the court.

Customer's Signature Over Printed Name / Date



FOR BANK'S USE ONLY (All fields are required to be accomplished)

ADTR Reference Number _____	Branch / Unit	Date and Time of Receipt
	Processed By	Approved By
Signature over Printed Name / Date	Signature over Printed Name / Date	