

Request for Crediting Customer's Account

Outlet			
Outlet name		Outlet MID	
Transaction			
TID	Transaction date	Transaction amount	Receipt number
Descripton of error			
Please include a printout fro		ase of signature-verified trans	sactions, please include also a
→ We only require copies. Please do not send originals.			
Should the cardholder file a complaint, I hereby express my consent to cover the transaction amount claimed in the event of a chargeback.			
Name (please print name)			Date
Signature			

Requests that do not have the required documents attached will not be processed.

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