

COMPLAINT HANDLING FORM FOR AFASA-RELATED COMPLAINTS

Date: _____

Service Ticket: _____

Please complete this form in **CAPITAL LETTERS**. Put a tick mark (✓) in the appropriate box and cross out or indicate N/A where not applicable. Your signature is required on all pages related to this incident. Once completed, please submit the form to any Sterling Bank of Asia branch or via email at customer.service@sterlingbankasia.com.

BACKGROUND OF THE COMPLAINANT (ALL FIELDS REQUIRED)

Complete Name of the Complainant _____

Customer Type

☐ Account Holder ☐ Non-Account Holder

If Existing Client/Account Holder, with related accounts?

☐ Yes ☐ No

If Complainant's Name is different with Account Holder's name, state relationship

(For an Authorized Representative, please provide a Notarized Authorization.)

Contact Details _____

Valid ID Presented _____

COMPLAINT DETAILS (ALL FIELDS REQUIRED) (Check the correct category that best fits the scenario of your disputed transaction. Please check only one (1).)

Nature of Complaint (Disputed Transaction/Funds-AFASA)

☐ **Unauthorized Transaction** (Initiated without the accountholder's consent using stolen credentials obtained via phishing, malware, or similar methods.)

☐ **Scam/Fraud Transaction** (Credentials were not stolen. The account holder was deceived into authorizing the transaction.)

☐ **Investment and Income**
 (High-yield investment, part-time job, pyramid/referral scam)

☐ **Romance and Relationship**
 (FB, Tiktok, IG, online dating apps, relative/friend in distress)

☐ **Social Engineering and Impersonation**
 (Bank/wallet impersonation scam, courier/delivery scam, account recovery scam, tech support scam)

☐ **Business and Payment Instruction Manipulation**
 (Business email compromise, unauthorized payroll/allowance diversion)

☐ **Hotel/Travel Booking**
 (Fake travel listings/hotel booking sites)

☐ **Job/Employment**
 (Fake job offers/upfront fees)

☐ **E-Commerce/Marketplace Fraud**
 (Fake online sellers asking for payment for non-existent goods or services)

☐ **Loan, Financing, and Debt-related Scam**
 (Loan approval fee, debt collection)

☐ **Invoice**
 (Fake invoices/falsified payment instructions pretending to be from trusted vendors or suppliers)

☐ **Other** _____

Mode of Transfer/Payment

☐ InstaPay

☐ PESONet

☐ QR Pay

☐ Other (please specify) _____

Description of Circumstances (Detail the narrative of the incident. Indicate why the incident constitutes fraud. Include details of OTP sharing, deception, and unusual behavior. Use a separate sheet if necessary.)

TO PROCEED WITH THE INVESTIGATION, PLEASE COMPLETELY FILL OUT THE DETAILS BELOW (ALL FIELDS REQUIRED):

- Transaction Details and Card Holder/Account Name and Number (Source Account Owner) should be correct and complete.
- Please fill out another form if the reported transaction falls under a different scenario or category.

Description of the Complaint (Provide all applicable/available information that may help in handling the complaint. Use a separate sheet as necessary.)

Transaction Date and Time	Source Account Owner (Account Name/Account Number)	Amount (Excluding Service Charge)	Beneficiary Details (Destination Bank/ Account Name/Account Number)	Transaction Reference Number	Payment Channel

What does the Complainant want?

☐ Temporary Holding of Funds - Initial ☐ Temporary Holding of Funds - Extended ☐ Other (Please specify) _____
NOTICE ON MALICIOUS REPORTING

I hereby certify that this report is true, accurate, and complete. I submit it in good faith and without intent to cause harm, harassment, or undue prejudice to any person. I undertake to correct or update this report if I learn of any inaccuracies or new material facts. I understand that submitting false or misleading reports may subject me to criminal liability under Republic Act No. 12010 (Anti-Financial Account Scamming Act or "AFASA"). I consent to follow up verification and agree to provide additional information or documents as required.

- ✓ Card/Sterling Bank Online – Personal access will be suspended, and the card should be replaced for security purposes (coordinate with Branch of Account for replacement).
- ✓ Investigation will take 30 calendar days.
- ✓ The disputed transaction investigation will proceed once we receive the required supporting documents, such as screenshots, an affidavit, or a police report.
- ✓ Fees and charges are applicable if disputed transactions is/are proven valid such as but not limited retrieval fee, transaction amount.
- ✓ Failure to submit the complete documents within 24 hours will result in the closure of the complaint.

Customer's Signature over Printed Name/Date/Time

OTHER INFORMATION (ALL FIELDS REQUIRED) (to be filled out by Bank Representative)

Complaint Received Via

Date Received

Time Received

Complaint Received By

Branch/Department/Group

Preliminary Investigation

Date

Time

Indicate the events that transpired chronologically and resulted in the incident, including the date and time of occurrence.

Branch/Unit where the incident occurred: Persons involved/accountable; circumstances that led to the incident/event; brief description of the incident/event; amount of probable or actual loss.

☐ Funds no longer intact/already withdrawn ☐ Funds successfully held/still intact**ANSWER THE QUESTIONS BELOW BASED ON YOUR ASSESSMENT OF THE COMPLAINANT/CLIENT (to be filled out by Bank Representative).**

How would the Complainant like to receive a response?

Is the Complainant open to being contacted by another personnel (e.g.Customer Service)?

☐ Yes ☐ No

Is the complaint addressed/resolved?

☐ Yes ☐ No

If no, provide action to be taken/status

If yes, what was the action taken to resolve the complaint?

Attachments

☐ Complaint Letter ☐ Other (Please specify) _____

Remarks/Notes

Recommendation of Concerned Unit

Prepared By

Approved By

Name of Bank Representative
(Signature over Printed Name/Date)_____
Group Head of Business Unit
(Signature over Printed Name/Date)