

Ocean Network Express Philippines, Inc. Unit 1101-1105 11/F Aseana II Bldg. and Shop 10 G/F Aseana One Bldg., Bradco Avenue, Aseana City Parañaque City 1701 Tel. No.: +63-2-8540-3301 / +63-2-8403-7998 Fax No.: +63-2-8845-4071

E- OVERPAYMENT REFUND SUBMISSION ADVISORY Effective December 01, 2022

November 21, 2022

Dear Valued Customers,

Please be informed that starting December 01, 2022, all customers requesting for refund of Overpayment / Wrong deposits made / double payment and the like are requested to use the newly created e-Overpayment Refund Request portal.

Request shall be automatically queued in our monitoring database for our PIC to process in a First IN –First OUT basis. Same as normal operations, we would be implementing a cut-off receiving time of 4:00PM from Monday to Thursday only (Strictly No Submission on Fridays, Weekends of Holidays). Any request after the 4PM cut-off would be treated as request for the following working day (if any).

We encourage everyone to use this platform to ensure that proper assistance will be provided. This will be available in our website by said date at

https://docs.google.com/forms/d/e/1FAIpQLSdDyK0oSlbIBPbPRtITp1BAWbJisN5n9hHlzSwm3IjEribcGQ/viewform

Kindly see below for the process of submission and an automatic acknowledgement reply will be received for successful submission. All documents will be further evaluated for completeness and accuracy and for any issues, you will be contacted accordingly.

Should you have any clarification, please send your email

to: <u>marialuz.tamayo@one-line.com</u> cc: ph.mnl.condep@one-line.com

or you may contact the person-in-charge, Maria Luz Tamayo at contact number (02) 85403267.

Thank you for your usual support.

Sincerely yours,

OCEAN NETWORK EXPRESS PHILIPPINES, INC.



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Upon accessing the e-Overpayment Refund Request form, the following items needed to be accomplished.

- 1. Email address
- 2. BL Number (12 characters) without the prefix "ONEY"
- 3. Consignee Name (must be consignee in master BL)
- 4. OPUS Receipt No./ACK No. (RECMNLBBXXXXXXXXXX) 19 characters only
- 5. Amount of Refund
- 6. Check Refund Payable to (Full Account Holder Name in Bank)
- 7. Please Deposit to Account No. (Do not include dash (-) or spaces)
- 8. Bank Swift Code
- 9. Bank Routing Symbol Transit Number (BRSTN) 9-digit code
- 10. Complete Bank Name
- 11. Complete Branch Name
- 12. Complete Branch Address
- 13. Notify Email Address on Refund (Per Request Letter) "Please ensure with a correct email format to avoid error. If you going to input several email address, please separate it with a semicolon (;)".
- 14. Registered Office Address per BIR 2303 (input the exact address per BIR 2303)
- 15. Zip Code per BIR 2303
- 16. Tax Identification Number (TIN per BIR 2303)
- 17. Contact Number as provided in the request letter of refund
- 18. Requirements for Overpayment Refund Request:

Proceed to upload the following documents (in PDF only) kindly follow standard

FILENAME Format (e.g.: RECMNLBBXXXXXXXXX - ABC Company (Payee)

- a. Scanned Letter of Request for Refund from Consignee
- b. CLEAR scanned copy of BIR 2303 of the Payee of the refund
- c. Scanned CLEAR copy of Bank Certification indicating therein the following
 - i. Complete Name of Account Holder
 - ii. Complete Bank Name
 - iii. Complete Bank Address
 - iv. Complete Branch Name
 - v. Complete Account No.
 - vi. Swift Code
 - vii. Bank Routing Symbol Transit Number
- d. Scanned copy of Official Receipt
- e. Scanned copy of company ID of the Signatory with a managerial position
- 19. After availability of refund, it will be directly transferred to the registered bank account and confirmation email of successful transfer will be sent to the registered notification email address together with the copy the voucher.