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|----------------------------------------------------------------------------------|-------------------------------------------------------------|--------------|--------------|
|  | <b>SHIP-OUT CLEARANCE<br/>REQUEST AND APPROVAL<br/>FORM</b> | Page No.     | Page 1 of 4  |
|                                                                                  |                                                             | Form No.     | GLDD - 982   |
|                                                                                  |                                                             | Revision No. | 6            |
|                                                                                  |                                                             | Effectivity  | Nov. 3, 2025 |

CRM FORM NO. 22

*Use this form to request clearance from PAGCOR to ship-out gaming equipment and/or paraphernalia from the casino. Only requests with correct and complete information and complete documentary requirements will be processed. Failure to provide correct and complete information could result in rejection of processing this request.*

**PLEASE ALLOW SEVEN (7) BUSINESS DAYS FOR GLDD TO PROCESS YOUR REQUEST**

Name of Licensee: \_\_\_\_\_

Casino Location: \_\_\_\_\_

**SECTION A: SHIP-OUT CLEARANCE REQUEST (TO BE FILLED OUT BY LICENSEE)**

This is to request approval to  
*ship-out:*  
(Put an [X] mark on any of the  
following)

|                                                  |                                                         |
|--------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Gaming Table(s)         | <input type="checkbox"/> Slot Machine(s)                |
| <input type="checkbox"/> Playing Card(s)         | <input type="checkbox"/> Electronic Table Game(s)       |
| <input type="checkbox"/> Slot Spare Part(s)      | <input type="checkbox"/> Chips/Plaques                  |
| <input type="checkbox"/> Table Layout(s)         | <input type="checkbox"/> Game Conversion Kit(s)         |
| <input type="checkbox"/> Surveillance Equipment  | <input type="checkbox"/> Slot Machine Signage(s)        |
| <input type="checkbox"/> Gaming Paraphernalia    | <input type="checkbox"/> Other Gaming Equipment         |
| <input type="checkbox"/> Bill Validator/Acceptor | <input type="checkbox"/> Table & Slot Management System |
| <input type="checkbox"/> Others _____            |                                                         |

Expected date of ship-out: \_\_\_\_\_

Reason for ship-out: \_\_\_\_\_

Mode of ship-out (i.e., by air or  
by sea): \_\_\_\_\_

Port of exit: \_\_\_\_\_

Name of recipient: \_\_\_\_\_

Destination/Address of  
recipient: \_\_\_\_\_

Reference importation documents: (Put an [X] mark on any of the ff.)

|                                                 |       |
|-------------------------------------------------|-------|
| <input type="checkbox"/> Commercial Invoice No. | _____ |
| <input type="checkbox"/> Pro-forma Invoice No.  | _____ |
| <input type="checkbox"/> Quote No.              | _____ |

Reference documents of items for ship-out:

|                                                                                                        |
|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Inventory List of Items for Ship-out attached as<br>Annex A (format attached) |
| <input type="checkbox"/> Packing List attached as Annex B                                              |

Name of Customs Broker: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**By:**

\_\_\_\_\_  
Licensee's Authorized Signatory  
(Signature Over Printed Name)

\_\_\_\_\_  
Date

|                                                                                  |                                                             |              |              |
|----------------------------------------------------------------------------------|-------------------------------------------------------------|--------------|--------------|
|  | <b>SHIP-OUT CLEARANCE<br/>REQUEST AND APPROVAL<br/>FORM</b> | Page No.     | Page 2 of 4  |
|                                                                                  |                                                             | Form No.     | GLDD - 982   |
|                                                                                  |                                                             | Revision No. | 6            |
|                                                                                  |                                                             | Effectivity  | Nov. 3, 2025 |

### SECTION B: SUBMISSION INSTRUCTIONS

Once Section A is completed, please submit this form to GLDD via the PAGCOR Enterprise Content Management System (ECMS) which may be accessed through the following URL: [www.ecms.pagcor.ph](http://www.ecms.pagcor.ph) together with supporting ship-out documents.

Hard copies must be submitted directly to PAGCOR:

Central Receiving – Records Management Department  
Philippine Amusement and Gaming Corporation  
G/F Lobby, MET Live Building  
Central Business Park 1-A Macapagal Boulevard cor. EDSA Extension Pasay City 1300

If submission of this form is done through the ECMS, an e-mail notification confirming receipt shall be received. The status of the application can be viewed and monitored through the online account created using the same system. Operator can also download and print the acknowledgment generated as proof of submission.

If no e-mail notification is received, the Operator may inquire from the Gaming Licensing & Development Department through the contact details:

Tel. No. (+632)8522-0299/8522-1357/8522-1324 (Local 1148)

### SECTION C: ACTION TAKEN *(TO BE FILLED OUT BY GLDD)*

Ship-out clearance request is:

☐ **A. RETURNED** due to the following reasons:

☐ Incomplete information and/or supporting ship-out documents  
☐ Incorrect information vis-à-vis supporting ship-out documents

☐ **B. RECEIVED FOR PROCESSING** with assigned **REFERENCE NO.** \_\_\_\_\_

Printed  
**By:** Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Position \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

☐ **C. RECOMMENDATION FOR APPROVAL** subject to the conduct of inspection and inventory by the Compliance Monitoring and Enforcement Department – Integrated Resorts prior to ship-out of gaming equipment indicated above.

Printed  
**By:** Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Position \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Verified By:**

**Approved By:**

\_\_\_\_\_  
Senior Manager, CLRD

\_\_\_\_\_  
Assistant Vice President

|                                                                                  |                                                             |              |              |
|----------------------------------------------------------------------------------|-------------------------------------------------------------|--------------|--------------|
|  | <b>SHIP-OUT CLEARANCE<br/>REQUEST AND APPROVAL<br/>FORM</b> | Page No.     | Page 3 of 4  |
|                                                                                  |                                                             | Form No.     | GLDD - 982   |
|                                                                                  |                                                             | Revision No. | 6            |
|                                                                                  |                                                             | Effectivity  | Nov. 3, 2025 |

For endorsement to the following department/s

**INSPECTION AND INVENTORY OF SUBJECT ITEM/S FOR SHIP-OUT**

**T O: THE ASST. VICE PRESIDENT, CMED-IR**

Request to conduct an inspection and inventory of the approved item/s prior to ship-out.

**REQUIRED DOCUMENTATION OF SUBJECT ITEM/S FOR SHIP-OUT**

**T O: THE ASSISTANT VICE PRESIDENT, LMD**

Request to coordinate with the Licensee on the documentation that may be needed for the ship-out of the subject item/s.

Licensee's Contact Person: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

|                                                                                  |                                                             |              |              |
|----------------------------------------------------------------------------------|-------------------------------------------------------------|--------------|--------------|
|  | <b>SHIP-OUT CLEARANCE<br/>REQUEST AND APPROVAL<br/>FORM</b> | Page No.     | Page 4 of 4  |
|                                                                                  |                                                             | Form No.     | GLDD - 982   |
|                                                                                  |                                                             | Revision No. | 6            |
|                                                                                  |                                                             | Effectivity  | Nov. 3, 2025 |

**Annex A**

**Attachment:**

**INVENTORY LIST OF ITEMS FOR SHIP-OUT**

| NO. | MANUFACTURER | PARTICULARS<br>(Game Name, Brand,<br>Model) | SERIAL<br>NO. /<br>PART NO. | QUANTITY | UNIT<br>PRICE* | TOTAL PRICE |
|-----|--------------|---------------------------------------------|-----------------------------|----------|----------------|-------------|
|     |              |                                             |                             |          |                |             |
|     |              |                                             |                             |          |                |             |
|     |              |                                             |                             |          |                |             |
|     |              |                                             |                             |          |                |             |
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|     |              |                                             |                             |          |                |             |
|     |              |                                             |                             |          |                |             |

(Note: Please use additional sheet/s if necessary)

\* Unit price refers to the cost of the item indicated in the commercial invoice when it was approved by GLDD for importation.