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		Effectivity	July 01, 2026

EG FORM No. 57

Type or print in block letters the needed information on the spaces provided. Put a cross [x] in the box, if one is provided. If a question does not apply to you, write "N/A". Use additional sheet/s for the information whenever necessary. You must provide all required information. Otherwise, this form will be returned.

This form shall be accomplished and submitted by the PAGCOR-accredited Gaming Affiliates (i.e., Game Aggregator and/or Game Content Provider) with appointment/assignment from a foreign-based GA and/or GCP of the same category.

PAGCOR reserves the right to request additional information.

☐ NEW DECLARATION	☐ ADDITIONAL _____ (Please state the number of declaration, i.e. 1 st , 2 nd , etc.)
☐ GAME AGGREGATOR	_____
☐ GAME CONTENT PROVIDER	_____ (Please state the date of previous declaration, if any)

VALIDITY PERIOD: From _____ To _____ *
*shall be, at the maximum, co-terminus with the validity of the issued Certificate of Accreditation as a Gaming Affiliate)

SECTION A: DETAILS OF PAGCOR-ACCREDITED GAMING AFFILIATE

1. NAME OF COMPANY	_____		
2. COMPLETE BUSINESS ADDRESS	_____		
	(Floor, Building Name or Number, Street)		

	(Barangay, Town/City, Postal Code)		
3. OFFICE CONTACT DETAILS	_____	_____	
	(Telephone No.)	(Mobile No.)	

	(E-mail Address)		
4. PAGCOR ACCREDITATION			
☐ GAME AGGREGATOR	Date of accreditation:	_____	
☐ GAME CONTENT PROVIDER	Date of accreditation:	_____	
☐ TRADITIONAL BINGO GAMES	☐ ELECTRONIC BINGO GAMES		
☐ ELECTRONIC CASINO GAMES	☐ SPORTS BETTING		
☐ SPECIALTY GAMES	☐ NUMERIC GAMES		
☐ ONLINE POKER GAMES			
REGISTERED BRAND	_____		
CERTIFICATE OF ACCREDITATION NO/S.	_____		
5. DECLARANT / AUTHORIZED REPRESENTATIVE			
COMPLETE NAME	_____		
	(Family Name/First Name/Middle Name)		
POSITION/DESIGNATION	_____		
COMPLETE CONTACT DETAILS	_____	_____	
	(Telephone No.)	(Mobile No.)	

	(E-mail Address)		

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SECTION B: DETAILS OF FOREIGN-BASED GAMING AFFILIATE

1. NAME OF COMPANY _____

2. COMPLETE BUSINESS ADDRESS _____
 (Floor, Building Name or Number, Street)

 (City, Country, Postal Code)

3. OFFICE CONTACT DETAILS
 _____ (Telephone No.) _____ (Mobile No.)
 _____ (E-mail Address)

4. CATEGORY
☐ GAME AGGREGATOR
☐ GAME CONTENT PROVIDER

5. BRAND _____

6. AUTHORIZED REPRESENTATIVE
COMPLETE NAME _____
 (Family Name/First Name/Middle Name)
POSITION/DESIGNATION _____
COMPLETE CONTACT DETAILS
 _____ (Telephone No.) _____ (Mobile No.)
 _____ (E-mail Address)

SECTION C: DOCUMENTARY REQUIREMENTS

- ☐ 1. Certified True Copy (CTC) of authenticated or apostilled Board Resolution issued by the Foreign-based Gaming Affiliate for the appointment to the PAGCOR-accredited Gaming Affiliate of same category as Exclusive Distributor/Reseller of their system/game content/product/services/brand.
- ☐ 2. CTC of authenticated or apostilled Exclusive Distributorship Agreement between the Foreign-based Gaming Affiliate and PAGCOR-accredited Gaming Affiliate, signed by both parties.
- ☐ 3. CTC of authenticated or apostilled Secretary's Certificate for the authority of the Authorized Representative of the Foreign-based Gaming Affiliate to sign for and on behalf of the company.
- ☐ 4. Notarized Secretary's Certificate stating the authority of the Declarant/Authorized Representative of the PAGCOR-accredited Gaming Affiliate to sign for and on behalf of the company.

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SECTION D: DECLARATION

By signing below, we declare that:

1. The information contained in this form including all documents submitted herein are valid, true and correct.
2. We have executed this statement with the knowledge that misinterpretation or failure to reveal information requested may be deemed sufficient cause for disapproval/denial of the declaration of the appointment as Exclusive Distributor/Reseller.
3. We agree to the following:
 - a. to furnish any further information that PAGCOR may require when considering this declaration
 - b. to notify PAGCOR immediately of any material changes on the information provided in this declaration
 - c. that any person named within this Form is authorized to release any information requested by PAGCOR.
4. The systems/game contents/products/services of Foreign-based Gaming Affiliate is fully compliant with the requirements and provisions of the existing Regulatory Frameworks issued by PAGCOR covering the Business-to-Business (B2B) providers for electronic gaming system and online gaming platform within the Philippine jurisdiction.
5. Any exclusive distributorship agreement shall be automatically deemed void/cancelled once the foreign-based Gaming Affiliate is accredited by PAGCOR.
6. The validity of the Exclusive Distributorship Agreement is co-terminus with the validity of the Certificate of Accreditation issued by PAGCOR
7. In order to establish that the appointment as Exclusive Distributor/Reseller is under control and management of persons of integrity and competence who are of sound character, we hereby grant authorization for PAGCOR to undertake due diligence enquiries, and to request and receive information about the Foreign-based Gaming Affiliate, PAGCOR-accredited Gaming Affiliate and the individuals named from third parties, if any.

**Signature over printed name of Authorized
Representative of Foreign-based Gaming
Affiliate**

Date: _____

**Signature over printed name of
Declarant/Authorized Representative of
PAGCOR-accredited Gaming Affiliate**

Date: _____

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SECTION E: SUBMISSION INSTRUCTIONS

Once Section D is completed, please submit/mail this form to the EGLD together with supporting documents in Section C to the address/e-mail address indicated below:

ELECTRONIC GAMING LICENSING DEPARTMENT

Philippine Amusement and Gaming Corporation
PAGCOR Corporate Office, MET LIVE BUILDING
Central Business Park 1-A, Macapagal Boulevard
Cor. EDSA Extension, Pasay City, 1300
Tel. Nos. (+632) 8522-0299 Loc. 1574 / 1575

Advance copy/ies may be submitted through eGaming_Policy@pagcor.ph

SECTION F: EVALUATION (TO BE ACCOMPLISHED BY EGLD)

EVALUATION OF DOCUMENTS SUBMITTED

- ☐ Declaration is found to be in order with complete documentary requirements
- ☐ Returned due to incomplete or incorrect document/information

Acknowledged by:

(Name of EGLD Evaluator)

Authorized Representative

Date: _____

Date: _____