

**INSTALLATION AND/OR OPERATION OF
GAMING TABLES NOTIFICATION FORM**

Page No.

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Form No.

GLDD-960

Revision No.

7

Effectivity

Feb. 18, 2026

CRM FORM NO. 2

Use this form to notify PAGCOR regarding operation of gaming tables in the casino. Please accomplish this form by providing correct and complete information. The Licensee shall submit this form to GLDD at least **one (1) business day** prior to intended date of implementation.

PLEASE NOTE THAT PAGCOR RESERVES THE RIGHT TO CONDUCT POST-AUDIT OF THE GAMING TABLES WHICH HAVE BEEN INSTALLED AND LAUNCHED INTO OPERATION IN THE CASINO.

Licensee : _____

Name of Casino: _____ Date : _____

Check the applicable box. If notification involves installation of gaming tables, fill up Item A of Section A. If notification involves launching of gaming tables into operation, fill up Item B of Section A.

SECTION A: OPERATION OF GAMING TABLES (TO BE PROVIDED BY LICENSEE)☐ **A. Installation of the following gaming tables in the casino as detailed below:**

TABLE GAME	TABLE NO.	LOCATION	
		Zone	Pit

(Note: Please use additional sheet/s if the space provided above is not sufficient.)

Gaming table capacity as per certification dated _____

Actual gaming tables installed at Table Games Area as of _____	
Actual Online Gaming Platform tables installed at Table Games area as of _____	
Approved actual poker tables installed at Poker Room Area as of _____	
TOTAL	
Additional gaming tables per this submission	
TOTAL as of _____	

Installation date: _____

Note: Please submit an updated Certification (Form 1 of Compliance Manual), in the event that total tables exceed gaming table capacity as per certification.

☐ **B. Launching of the following gaming tables in the casino as detailed below:**

GAME NAME	TABLE NO.	LOCATION		TYPE OF GAMING TABLE			
		Zone	Pit	Non-high Roller	High Roller	Junket	
						Regular	Bonus

(Note: Please use additional sheet/s if the space provided above is not sufficient.)

Launching date: _____

This is to certify that the functionality test conducted on the above gaming tables yielded favorable results.

Signature over Printed Name
(PMT Representative)

Date

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We confirm and undertake to do the following:

- A functionality test shall be conducted prior to commercial operation of gaming tables in order to ensure that gross gaming revenues, potential gaming losses and shortages associated with a particular table are accurately recorded, calculated and reported in the Casino Management System (applicable to casinos utilizing an online system). Functionality test shall be conducted based on a test script which shall be prepared by the Licensee;
- Proposed installation of additional gaming tables except for poker tables complies with the gaming table caps stated in Regulation 3 Section 3 of the Casino Regulatory Manual for Licensed Land-Based Casinos.
- Game mechanics and table limits have prior approval of GLDD.
- The abovementioned undertakings shall be carried out in close coordination with the Compliance Monitoring and Enforcement Department – Integrated Resorts and the PAGCOR Monitoring Team.

Name of Requestor: _____ **Position Title :** _____
Signature: _____ **Date:** _____

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.

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: ACKNOWLEDGMENT OF NOTIFICATION (TO BE FILLED OUT BY GLDD)

☐ **RECEIVED** with **REFERENCE NO.** _____

By: Printed Name: _____ **Signature:** _____
Position Title: _____ **Date:** _____