

	TEMPORARY SUSPENSION OF OPERATIONS FORM Remote Games	Page No.	Page 1 of 2
		Form No.	EGLD - 422
		Rev. No.	7
		Effectivity	February 6, 2024

EG Form No. 6
CMED/EGLD Reference No.: _____

Submit this form to request approval from/notify PAGCOR of the intended suspension of operations of gaming venue, to wit:

- Operator to request approval from Electronic Gaming Licensing Department (EGLD) at least fifteen (15) business days prior to the intended temporary suspension of operations, except during holidays.
- Operator to notify EGLD within five (5) business days from the date of occurrence of temporary suspension of operations due to unavoidable reasons e.g. force majeure, LGU concerns, labor problems, etc.
- Operator to notify Compliance Monitoring and Enforcement Department (CMED) at least one (1) business day prior to the intended temporary suspension of operations during holidays (e.g. Maundy Thursday, All Saints' Day, Christmas Day, etc.)

The suspension must first be approved by or notified to PAGCOR, as the case may be, prior to implementation; otherwise, it will be considered unauthorized suspension of operations.

Failure to immediately resume as scheduled shall be imposed a demerit per day of offense. Further, failure to resume operations within thirty (30) days after the approved temporary suspension of operation date, may lead to the permanent closure of the gaming venue and revocation of the Gaming License.

The duration of the suspension of operations must not exceed ninety (90) days. Continuous non-operation after ninety (90) days shall be sufficient ground for the revocation of the Gaming License.

All submissions with incomplete information shall not be processed. Cut-off for submission of requests/notifications shall be 4:00 P.M.

PLEASE ALLOW FIVE (5) BUSINESS DAYS FROM THE SUBMISSION OF COMPLETE INFORMATION FOR EGLD TO PROCESS YOUR REQUEST FOR APPROVAL

SECTION A: REQUEST / NOTIFICATION DETAILS (TO BE PROVIDED BY OPERATOR)

Name of Operator: _____ GL No.: _____
(As reflected in the license)

Gaming Venue: _____
(As reflected in the license)

Existing Game Offering/s of the Venue _____

Request for: ☐ Full Suspension (entire gaming venue operations) ☐ Partial Suspension (specific game offering/s only)

For partial suspension, pls. indicate specific game offering/s to be suspended:
Game Offering/s: _____
Brand / Service Provider/s (as applicable): _____

Date of Implementation:
Duration: From: _____ To: _____ No. of days: _____

Name of Holiday/ Reason for suspension: _____

Printed Name: _____ Signature: _____
(Authorized Representative)

Position Title: _____ Date: _____

SECTION B: SUBMISSION INSTRUCTIONS

Once Sections A and B are completed, please submit this form to CMED or EGLD, as applicable, along with the necessary attachments. Hard copies may be submitted directly to CMED / EGLD office or scanned copies of the documents may be emailed using the e-mail addresses indicated below:

A. Compliance Monitoring and Enforcement Department
Philippine Amusement and Gaming Corporation
PAGCOR Main Corporate Office, 12th Floor, iMET BPO Tower
CBP-1A Metropolitan Park, Roxas Boulevard, Pasay City 1300
Tel. Nos. (+632) 8522-0299 / 8522-1357 / 8522-1245 / 8522-1324
local 5186 (Bingo) local 2404 [Electronic (eCasino) Games]

E-mail addresses:

Bingo Venues

NCR & Luzon – cmcd-ig.bmd-gsformsluz@pagcor.ph

Visayas – cmcd-ig.bmd-gsformsvis@pagcor.ph

Mindanao – cmcd-ig.bmd-gsformsmin@pagcor.ph

Electronic (eCasino) Venues

igaming.monitoring@pagcor.ph

B. Electronic Gaming Licensing Department
Philippine Amusement and Gaming Corporation
MET LIVE BUILDING Central Business Park 1-A Macapagal
Boulevard cor EDSA Extension, Pasay City 1300
Tel. Nos. (+632) 8522-0299 Local 1569

E-mail addresses:

eGaming_Forms@pagcor.ph

If submission of this form is done thru e-mail, the Operator should ensure that it has been duly received and acknowledged by CMED or EGLD, as applicable. For notifications, the Operator shall be notified thru e-mail confirming receipt of this form. If no e-mail confirmation is received, the Operator should submit the hard copy of the form directly to CMED or EGLD, as applicable.

	TEMPORARY SUSPENSION OF OPERATIONS FORM Remote Games	Page No.	Page 2 of 2
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SECTION C: ACKNOWLEDGEMENT OF NOTIFICATION / REJECTION OF REQUEST
(TO BE FILLED UP BY CMED OR EGLD, AS THE CASE MAY BE)

Request for temporary suspension of operations is:

☐ **REJECTED** due to insufficient details / for reasons deemed unacceptable/ late filing/
day/s covered by notification is/are not holiday

☐ **RECEIVED FOR PROCESSING AND EVALUATION**

Notification for temporary suspension of operations is:

☐ **REJECTED** due to insufficient details / for reasons deemed unacceptable / late filing

☐ **RECEIVED FOR ACKNOWLEDGEMENT**

By: Printed Name: _____ Signature: _____

Position Title: _____ Date: _____

Noted by:

Sr. Regulatory Officer

SECTION D: APPROVAL OF REQUEST (TO BE FILLED UP BY EGLD)

☐ **RECOMMENDED FOR APPROVAL** – subject to the condition/s set under **Remarks** below, if any

By: Printed Name: _____ Signature: _____

Position Title: _____ Date: _____

Approved by:

Assistant Vice President

SECTION E: NOTICE OF RESUMPTION OF OPERATIONS

(TO BE FILLED UP BY OPERATOR UPON RESUMPTION OF OPERATIONS)

☐ **As scheduled**

☐ **Beyond the scheduled Resumption Date**

Date of Resumption of Operations: _____

By: Printed Name: _____ Signature: _____

Position Title: _____ Date: _____

REMARKS