

	CHANGE IN GAMING SITE OPERATING HOURS NOTIFICATION FORM	Page No.	Page 1 of 1
		Form No.	EGLD - 431
		Rev. No.	4
		Effectivity	August 17, 2023

GS Form No. 24

CMED Reference No.: _____

*Use this form to notify Compliance Monitoring and Enforcement Department (CMED) regarding change in daily operating hours or change in operating hours due to holiday/s of the gaming site. Please accomplish this form by providing correct and complete information. The Operator shall submit this form to CMED at least **one (1) business day** prior to intended date of implementation. Cut-off for submission of notifications shall be 4:00 P.M.*

PLEASE NOTE THAT PAGCOR RESERVES THE RIGHT TO CONDUCT POST-AUDIT ON THE CHANGE IN OPERATING HOURS OF THE GAMING SITE.

Name of Operator: _____
(As reflected in the license)

Gaming Site Location: _____
(As reflected in the license)

Type of Game Offering: _____ GL No.: _____

SECTION A: REQUEST DETAILS (TO BE PROVIDED BY OPERATOR)	
☐ A. Change in Daily Operating Hours Implementation Dates: _____ From: _____ To: _____	
☐ B. Change in Operating Hours Due to Holiday/s - Implementation Dates: _____ Name of Holiday/s: _____ Reason/s: _____	From: _____ To: _____
By: Printed Name: _____ Position Title: _____	Signature: _____ Date: _____

SECTION B: SUBMISSION INSTRUCTIONS	
Once Section A is completed, please submit this form to CMED. Hard copies may be submitted directly to CMED office or scanned copies of the documents may be emailed using the e-mail addresses indicated below:	
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 Games) Local 2404 (Electronic Games)	E-mail addresses: NCR & Luzon – cmcd-ig.bmd-gsforms-luzon@pagcor.ph Visayas – cmcd-ig.bmd-gsforms-vis@pagcor.ph Mindanao – cmcd-ig.bmd-gsforms-min@pagcor.ph E-mail address: - igaming.monitoring@pagcor.ph
If submission of this notification form is done thru e-mail, the Operator should ensure that it has been duly received and acknowledged by CMED. The Operator shall be notified thru e-mail confirming receipt of this notification form. If no e-mail confirmation is received, the Operator should submit the hard copy of the notification form directly to CMED.	

SECTION C: ACKNOWLEDGEMENT OF NOTIFICATION (TO BE FILLED UP BY CMED)	
☐ RECEIVED with REFERENCE NO.: _____	
By: Printed Name: _____ Position Title: _____	Signature: _____ Date: _____