

	TABLE LIMITS REQUEST AND APPROVAL FORM	Page No.	Page 1 of 2
		Form No.	GLDD – 997
		Revision No.	6
		Effectivity	Aug. 20, 2025

CRM FORM NO. 62

Use this form to request approval from PAGCOR of the proposed table limits to be implemented in the casino. Only requests with complete information will be processed. Applications with incomplete information will be returned.

PLEASE ALLOW THREE (3) BUSINESS DAYS FROM THE SUBMISSION OF COMPLETE INFORMATION AND ATTACHMENTS FOR GLDD TO PROCESS YOUR REQUEST.

Licensee : _____
Name of Casino : _____ Date : _____
Date of Implementation : _____

SECTION A:PROPOSEDTABLE LIMITS(TO BE PROVIDED BY LICENSEE)

This is to request approval of the proposed table limits that will be implementedin the casino as detailed below:

A. Table classification:

☐ Non-High Roller ☐ High Roller ☐ Junket

B. Currency: _____

C. Game type: _____

D. Proposed table limits:

Betting Proposition	Minimum Bet	Maximum Bet/Differential Maximum
	☐ per hand ☐ per game (whichever is applicable)	☐ per hand ☐ per game (whichever is applicable)

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

Attached as Annex A is the updated list of table limits which is inclusive of the proposal stated in Section D.

We confirm and undertake to do the following:

- Proposed table limits shall have approval of PAGCOR prior to implementation.
- The abovementioned undertakings shall be carried out in close coordination with the Compliance Monitoring and Enforcement Department – Integrated Resorts (CMED-IR) and the PAGCOR Monitoring Team (PMT).

Name of Requestor : _____ Signature : _____

Position Title : _____ Date: _____

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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 along with the necessary attachments.

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)

☐

A. RETURNED due to incomplete information

☐

B. RECEIVED FOR PROCESSING with assigned **REFERENCE NO.** _____

By: Printed Name: _____
Position Title: _____

Signature: _____
Date: _____

☐

C. RECOMMENDATION FOR APPROVAL subject to Licensee's coordination with the CMED-IR and the PMT covering the implementation of the proposed table limits at the casino.

By: Printed Name: _____
Position Title: _____

Signature: _____
Date: _____

Approved by:

Acting Senior Manager, CLRD