

	ELECTRONIC GAMING LICENSING DEPARTMENT PAYMENT PROCESSING REQUEST FORM Remote Games	PAGE NO.	Page 1 of 1
		FORM NO.	EGLD - 417
		REVISION NO.	9
		EFFECTIVITY	July 13, 2026

EG Form No. 2

Use this form to transmit payment/s for fees/financial requirements due to PAGCOR. Only request forms with correct and complete information and supporting documents will be processed. Failure to provide correct and complete information could result in non-processing of this request. It is understood that Check payments shall be subject to three (3) days clearing period before an Official Receipt is issued by FMD. In the event that a check is returned by the bank due to insufficient funds or any other reason, the Accredited Provider / Administrator / IR Licensee / Applicant / Operator shall settle the amount in cash or by issuing a Manager's Check.

SECTION A: PAYMENT INFORMATION / DETAILS (TO BE ACCOMPLISHED BY ACCREDITED PROVIDER / ADMINISTRATOR / IR LICENSEE / APPLICANT / OPERATOR)

Name of Accredited Provider / Administrator / IR Licensee / Applicant / Operator: _____

Complete Business / Gaming Venue Address: _____

SGL/UGL, PTH or COA No. (as applicable): _____ TIN No. _____

SECTION B: PAYMENT DETAILS

Payment Type:

☐ Cash

☐ Check

☐ Bank Deposit

☐ Online Bank Transfer

☐ Paid through PAGCOR-Cashier

Amount	Date	Name of Bank / Branch	Check No.

For bank deposits, please attach a copy of bank validated deposit slip.

Type of Fees:

☐ Application Fee

☐ Extension Fee

☐ Performance Cash Deposit (PCD)

☐ Renewal Fee

☐ Accreditation Fee

☐ Processing Fee

☐ Inspection Fee

☐ Penalty / Interest

☐ Other Fees, specify: _____

Type of Application / Accreditation:

☐ Gaming Venue - Unified Gaming License (UGL)

☐ Gaming Venue - Standard Gaming License (SGL)

☐ Gaming System Administrator (GSA)

☐ Permit to Hold (PTH)

☐ Business to Business (B2B) Provider

☐ Game Aggregator

☐ Game Content Provider

☐ Support Service Provider (SSP)

☐ Independent Game Testing Laboratory

☐ Payment Gateway Solution

☐ Marketing / Promotional Service

☐ KYC / Membership System ☐ Customer Service

☐ Others, specify: _____

Game Offering/s: _____

Brand / GSA / Supplier _____

Total Amount Paid / Deposited: _____

Applicant's / Licensee's Authorized Signatory: _____

(Signature over printed name and Date)

-----This portion is to be filled up by EGLD-----

Recommendation: _____

Checked by: _____

Signature Over Printed name and Date

SECTION C: PAYMENT INSTRUCTIONS

Once Section A is completed, please submit this form together with supporting payment document/s as indicated below:

Electronic Gaming Licensing Department

Philippine Amusement and Gaming Corporation
10th Floor MET Live Building, Central Business Park 1-A,
Macapagal Boulevard cor. EDSA Extension, Pasay City 1300
Tel. Nos. (+632) 8522-0299 Loc. 1561/1567/1569/1574/1575

For cash/check payments, please proceed to:

Disbursing Division, Fund Management Department

Philippine Amusement and Gaming Corporation
9th Floor MET Live Building, Central Business Park 1-A,
Macapagal Boulevard cor. EDSA Extension, Pasay City 1300

Please indicate the name of the Accredited Provider / Administrator / IR Licensee / Applicant / Operator and business gaming venue address on the deposit slip and email along with this EG Form No. 2 within twenty four (24) hours to:

JoseNoel.Vega@pagcor.ph and Cecile.Santos@pagcor.ph
eGaming_Licensing@pagcor.ph (Application, Renewal, Extension, Inspection, Reprinting of Gaming License & PCD)
eGaming_Compliance@pagcor.ph (Penalty & Interest)
eGaming_Forms1@pagcor.ph (PCD, Extension)
eGaming_Policy@pagcor.ph (Accreditation Fee and PCD)

For deposits to PAGCOR OPEX Account, bank details are as follows:

Account Name: **PAGCOR OPEX Fund**
Account No: **C/A No. 3402-1036-70**
Land Bank Branch: **LBP Plaza, Malate, Manila**