



# PHILIPPINE AMUSEMENT AND GAMING CORPORATION

*A Sure Bet for Progress in Gaming, Entertainment and Nation Building*

SRM Form No. 1

## SUPPLIER'S ENROLLMENT FORM

### A. DEFINITION OF TERMS

**"applicant"** shall refer to a Supplier of gaming equipment and/or gaming paraphernalia plying their business in the Philippine jurisdiction.

**"approved gaming equipment"** means gaming equipment of a class approved by PAGCOR for use in a gaming establishment.

**"Enrolled Supplier"** means a person or entity to which a Certificate of Enrollment has been granted for the purposes of acting as a supplier in the Philippines.

**"gaming establishments"** shall refer to venues in the territorial jurisdiction of the Republic of the Philippines that are operated and regulated by PAGCOR.

**"gaming paraphernalia"** means apparatus, furnishing or accessories used in or necessary in the conduct of gaming operations.

**"GLDD"** means the Gaming Licensing and Development Department of PAGCOR.

**"Operator"** means a Person who is authorized to operate a gaming establishment in the territorial jurisdiction of the Republic of the Philippines. An Operator may be PAGCOR or a Licensee.

**"PAGCOR"** means the Philippine Amusement and Gaming Corporation or its successor entity, whereby "successor entity" means any successor or assignee to or replacement of PAGCOR in its capacity as a Person entitled to, among others (i) regulate and license all gaming establishments; and (ii) register and affiliate suppliers of approved gaming equipment and paraphernalia in the territorial jurisdiction of the Republic of the Philippines

**"Supplier"** means a person that provides goods and services.

### B. ENROLLMENT OF SUPPLIERS

A supplier of approved gaming equipment and/or gaming paraphernalia must enroll first with PAGCOR before doing business with an Operator of a gaming establishment in the Philippines.

### C. DIRECTION FOR ACCOMPLISHMENT OF THE APPLICATION FORM

1. **TYPE** or **PRINT** your answers on the application form.
2. State N/A in response to a question that does not apply to you or if there are no details to disclose in a response to a particular question.
3. Attached additional sheet/s if the space provided on the form is insufficient for your answer. All the pages of the application form, including the additional sheet/s (if any) must be signed by the applicant or its authorized representative providing the information.

**D. AUTHORIZED REPRESENTATIVE OF THE APPLICANT**

1. The Applicant must designate an authorized representative responsible for the completion of the application form and certification of all information provided.
2. A board resolution or secretary's certificate must be attached to this application to substantiate the designation of the authorized representative.

**E. DOCUMENTS TO ACCOMPANY AN APPLICATION**

1. Company profile
2. List of products/items

**F. SUBMISSION OF APPLICATION**

Submit this form together with the required attachments to:

**Philippine Amusement and Gaming Corporation (PAGCOR)  
Gaming Licensing and Development Department (GLDD)**  
Room 317 3<sup>rd</sup> Flr. PAGCOR House, 1330 Roxas Blvd. Ermita, Manila

**For inquiries you may reach us at:**

GLDD: Tel No: (02) 254-9023

Email address: [gldd\\_suppliers@pagcor.ph](mailto:gldd_suppliers@pagcor.ph)

Hours available: 9:00 AM - 6:00 PM

**F. ACKNOWLEDGMENT**

The supplier hereby acknowledges that all information or materials provided in this Form may be disclosed to the Operators for the sole purpose of their conduct of due diligence.



**PHILIPPINE AMUSEMENT AND GAMING CORPORATION**  
*A Sure Bet for Progress in Gaming, Entertainment and Nation Building*

**STRICTLY CONFIDENTIAL**

**SUPPLIERS  
 ENROLLMENT FORM**

Enrollment No: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Received By (print name and initials) : \_\_\_\_\_  
 \_\_\_\_\_  
 Receipt date of COE: \_\_\_\_\_  
**(FOR GLDD USE ONLY)**

**PART A. BASIC INFORMATION**

1. Name of Supplier:

2. Other Business Name the Supplier has operated under (if any)

3. Head Office / Business Address:

4. Local Business Address (if any)

5. Tel. No.

6. Fax No.

7. Email Address.

8. Company Website

9. Business Structure: Check the appropriate box as it applies to your business

Sole Proprietorship	DTI Reg No.:	Partnership	SEC Reg No.:
	Date Issued:		Date Issued:
Corporation	SEC Reg No.:	Others	(please specify)
	Date Issued:		

**PART B. AUTHORIZED REPRESENTATIVE**

10. Name:

11. Position or Title in the Company (e.g., board of director/secretary etc)

12. Tel. No.

13. Fax No.

14. Mobile No.

15. Email Address

Authorized representative signature: \_\_\_\_\_

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**PART C. GAMING EQUIPMENT AND GAMING PARAPHERNALIA**

**16. PRODUCT/S**

<input type="checkbox"/>	Gaming Table(s)	<input type="checkbox"/>	Bingo machine or console
<input type="checkbox"/>	Playing Cards(s)	<input type="checkbox"/>	Chips/Plaques
<input type="checkbox"/>	Slot Spare Part(s)	<input type="checkbox"/>	Game Conversion Kit(s)
<input type="checkbox"/>	Table Layout(s)	<input type="checkbox"/>	Slot Machine Signage(s)
<input type="checkbox"/>	Surveillance Equipment	<input type="checkbox"/>	Casino Management System for Tables, Slots or Ebingo
<input type="checkbox"/>	Gaming Paraphernalia	<input type="checkbox"/>	Bingo Flashboard
<input type="checkbox"/>	Bill Validator/Acceptor	<input type="checkbox"/>	Bingo Cards/Tickets
<input type="checkbox"/>	Slot Machine(s)	<input type="checkbox"/>	Bingo Balls
<input type="checkbox"/>	Electronic Table Game(s)	<input type="checkbox"/>	Bingo Paraphernalia <i>(Pls. Specify)</i> _____
<input type="checkbox"/>	E-bingo Machine/Terminal	<input type="checkbox"/>	Others <i>(Pls. Specify)</i> _____

**17. Provide the name and contact information of the company you are supplying for (if applicable)**

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**18. Provide the name and contact information of the company you are supplying to (if applicable)**

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**19. List all other gaming jurisdictions with which you have applied for a certificate, registration, license, permit or other qualifications. Provide the details below.**

Name of Jurisdiction	Address	Type of Qualification	Date of Issuance and Expiration

**20. List all other gaming jurisdictions with which you have applied for a certificate, registration, license, permit or other qualifications that has been refused, suspended, revoked, withdrawn. Provide the details below.**

Name of Jurisdiction	Address	Type of Qualification	Reason of Action

Authorized representative signature: \_\_\_\_\_