



**GAME PARAMETER SETTINGS
NOTIFICATION FORM**

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Form No.	GLDD – 970
Revision No.	3
Effectivity	January 1, 2023

TO:

Manufacturer: _____ No. of EGMs: _____

SERIAL NO.	GAME THEME	DENO	JACKPOT LEVEL	JACKPOT RANGE		PAYOUT CONTRIBUTION		TOTAL JACKPOT RTP%	BASE GAME RTP%	TOTAL PAYOUT %
				MIN	MAX	START UP %	INCREMENT %			

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

D. Change in minimum and maximum bets

MANUFACTURER	GAME THEME	SERIAL NO.	PAGCOR TAG	MINIMUM BET	
				FROM	TO

MANUFACTURER	GAME THEME	SERIAL NO.	PAGCOR TAG	MAXIMUM BET	
				FROM	TO

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

E. Change in machine settings

	FROM	TO
MAXIMUM CASHABLE TICKET LIMIT		
CREDIT LIMIT		
OTHERS (Pls. specify)		

We confirm and undertake to do the following:

- The return-to-player (RTP) percentage of each EGM is within the range of ninety percent (90%) to less than ninety five (95%), which is the minimum RTP percentage requirement of EGM under Regulation 4 Section 3 of the Casino Regulatory Manual.
- The Licensee warrants that the RTP percentage of each EGM is consistent with the settings certified to have been tested by an independent gaming laboratory duly recognized by PAGCOR and passed the PAGCOR Technical Standards or any of the EGM technical standards namely, GLI-11, Macau, Singapore, Australia or any gaming jurisdiction in the United States of America.
- Any losses resulting from deviation to the above parameter settings shall be solely shouldered by the Licensee.
- Actual machine setting of each EGM shall reflect the RTP settings indicated above.
- A joint meter reading with the PAGCOR Monitoring Team (PMT) shall be conducted before the breaking of seal for the opening of logic door. Inspection of the meters shall likewise be jointly conducted with the PMT after re-sealing of the logic door has been effected.
- RAM clear procedures shall be in accordance with Regulation 23 Part 2 Section 3 of the Casino Regulatory Manual.
- A stress test shall be conducted on the EGMs in order to ensure that actual machine settings will reflect above parameter settings and EGM transactions are captured by the Casino Management System. Stress test shall be conducted based on a test script which shall be prepared by the Licensee. The results of the stress test should be favorable prior to commercial operation of the EGMs.
- The abovementioned undertakings shall be carried out in close coordination with the Compliance Monitoring and Enforcement Department and the PMT.

Printed Name: _____
Position Title : _____

Signature : _____
Date: _____



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SECTION B: SUBMISSION INSTRUCTION

Once Section A is completed, please submit this form to GLDD. Hard copies may be submitted directly to the GLDD office or scanned copies of the documents may be emailed using the e-mail address of the concerned licensed casino indicated below:

Gaming Licensing and Development Department
Philippine Amusement and Gaming Corporation
12th Floor, iMET BPO Tower, CBP-1A Metropolitan Park, Roxas Blvd., Pasay City
Tel. No. (+632) 8522-0299 / 8522-1245 / 8522-1357 / 8522 - 1324

E-mail addresses: gldd_bloomberryresorts@pagcor.ph / gldd_resortsworldmanila@pagcor.ph
gldd_okadamanila@pagcor.ph / gldd_codmanila@pagcor.ph
gldd_widuscasino@pagcor.ph / gldd_fiestacasino@pagcor.ph
gldd_fontanacasino@pagcor.ph / gldd_dheightscasino@pagcor.ph
gldd_midoricasino@pagcor.ph / gldd_roycecasino@pagcor.ph
gldd_fortunegatecasino@pagcor.ph / gldd_nustarcasino@pagcor.ph
gldd_winfordcasino@pagcor.ph

If submission of this notification form is done thru e-mail, the Licensee should ensure that it has been duly received and acknowledged by GLDD. The Licensee shall be notified by GLDD thru e-mail confirming receipt of this notification form. If no e-mail confirmation is received from GLDD, the Licensee should submit the notification form's hard copy directly to GLDD.

SECTION C: ACKNOWLEDGEMENT OF NOTIFICATION (TO BE FILLED UP BY GLDD)

RECEIVED with REFERENCE NO. _____

By: Printed Name: _____ Signature: _____
Position Title: _____ Date: _____