

	REQUEST FOR EXTENSION OF GAMING SITE COMMENCEMENT PERIOD FORM Bingo and Electronic Games	Page No.	Page 1 of 1
		Form No.	EG/EBLD - 420
		Rev. No.	0
		Effectivity	April 19, 2021

GS Form No. 3C

EG/EBLD Reference No.: _____

SECTION A: GENERAL INSTRUCTIONS

1. Use this form if Operator intends to request for an extension of the one year period to commence commercial operation of new gaming site.
2. Type or print the needed information on the spaces provided. The Operator must provide all required information.
3. Please accomplish and submit this form before the lapse of one year from the Gaming License issuance date or before the expiration date of the preceding application for extension together with the corresponding Extension Fee of fifty thousand pesos (PhP50,000.00) for each month of extension, to: GLDD.RGULicensing@pagcor.ph
4. Requested extension period shall be one month after the lapse of one year gaming site commencement period. Any additional extension may be requested using a separate GS Form No. 3C only up to a maximum of six (6) months. Any additional extension shall mean a corresponding additional Extension Fee.
5. Please use the Payment Processing Request Form (GS Form No. 2) for payment of the Extension Fee.

SECTION B: APPLICATION DETAILS

1. Name of Operator: _____
(please provide complete registered name)
2. Gaming Activity: Bingo Games Electronic Games
3. Gaming Site Address: _____

(as reflected in the license)
4. Gaming License issued on: _____ and valid until _____

By signing below, we signify our intention to request for an extension of the one year period to commence commercial operations of our gaming site as indicated above and this is accompanied by proof of payment of Extension Fee, as follows:

- PhP 50,000.00 Extension Fee per month
 _____ month/s of extension
 (1st, 2nd, 3rd,... and/or nth)

Printed Name: _____ Signature: _____
(Authorized Representative)
 Position Title: _____ Date: _____

SECTION C: ACTION TAKEN (TO BE FILLED UP BY EG/EBLD)

Request for Extension of the One Year Commencement Period is:

1. **RETURNED** due to incomplete information / non-payment of Extension Fee
 - Incomplete information Not qualified to apply for Request for Extension
 - Non-payment of Extension Fee

2. **RECEIVED FOR PROCESSING:**
 By: Printed Name: _____ Signature: _____
 Position Title: _____ Date: _____

3. **RECOMMENDATION FOR APPROVAL:**
 By: Printed Name: _____ Signature: _____
 Position Title: _____ Date: _____

Approved by:

 Assistant Vice President, EG/EBLD