



**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.	1
Effectivity	JULY 1, 2022

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: [eGaming\\_Licensing@pagcor.ph](mailto:eGaming_Licensing@pagcor.ph)
4. Please use the Payment Processing Request Form (GS Form No. 2) for payment of the Extension Fee.

**SECTION B: APPLICATION DETAILS**

Name of Operator : \_\_\_\_\_  
(As reflected in the license)

Gaming Site Address : \_\_\_\_\_  
(As reflected in the license)

Gaming License No. : \_\_\_\_\_ Current Gaming License (GL) Validity: \_\_\_\_\_

Gaming Activity :

- Bingo Games       Electronic Games       Sports Betting

Specific Game Offering/s: \_\_\_\_\_

Service Provider/s (as applicable): \_\_\_\_\_

**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  
(1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>,... and/or n<sup>th</sup>)

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  
\_\_\_\_ Non-payment of Extension Fee  
\_\_\_\_ Not qualified to apply for Request for Extension

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