

	TEMPORARY SUSPENSION OF OPERATIONS FORM Bingo and Electronic Games	Page No.	Page 1 of 2
		Form No.	EG/EBLD - 422
		Rev. No.	0
		Effectivity	April 19, 2021

GS Form No. 6

CMED/EG/EBLD Reference No.: _____

Submit this form to request approval from/notify PAGCOR of the intended suspension of operations of gaming site, to wit:

- Operator to request approval from E-Games / E-Bingo Licensing Department (EG/EBLD) at least fifteen (15) business days prior to the intended temporary suspension of operations, except during holidays.
- Operator to notify EG/EBLD within five (5) business days from the date of occurrence of temporary suspension of operations due to unavoidable reasons e.g. force majeure, LGU concerns, labor problems, etc.
- Operator to notify Compliance Monitoring and Enforcement Department (CMED) at least one (1) business day prior to the intended temporary suspension of operations during holidays (e.g. Maundy Thursday, All Saints' Day, Christmas Day, etc.)

The suspension must first be approved by or notified to PAGCOR, as the case may be, prior to implementation; otherwise, it will be considered unauthorized suspension of operations.

Failure to immediately resume as scheduled shall be imposed a demerit per day of offense. Further, failure to resume operations within thirty (30) days after the approved temporary suspension of operation date, may lead to the permanent closure of the gaming site and revocation of the Gaming License.

The duration of the suspension of operations must not exceed ninety (90) days. Continuous non-operation after ninety (90) days shall be sufficient ground for the revocation of the Gaming License.

All submissions with incomplete information shall not be processed. Cut-off for submission of requests/notifications shall be 4:00 P.M.

PLEASE ALLOW FIVE (5) BUSINESS DAYS FROM THE SUBMISSION OF COMPLETE INFORMATION FOR EG/EBLD TO PROCESS YOUR REQUEST FOR APPROVAL

SECTION A: REQUEST / NOTIFICATION DETAILS (TO BE PROVIDED BY OPERATOR)	
Name of Operator :	_____ (please provide complete registered name)
Gaming Site Location:	_____ (as reflected in the license)
Type of Game Offering/s to be Suspended:	_____
Date of Implementation:	_____
Duration:	From: _____ To: _____ No. of days: _____
Reason:	_____
Name of Holiday (as applicable):	_____
Printed Name:	_____ Signature: _____
Position Title:	_____ (Authorized Representative) Date: _____

SECTION B: SUBMISSION INSTRUCTIONS	
<p>Once Sections A and B are completed, please submit this form to CMED or EG/EBLD, as applicable, along with the necessary attachments. Hard copies may be submitted directly to CMED / EG/EBLD office or scanned copies of the documents may be emailed using the e-mail addresses indicated below:</p>	
<p>A. Compliance Monitoring and Enforcement Department Philippine Amusement and Gaming Corporation PAGCOR Main Corporate Office, 12th Floor, iMET BPO Tower, CBP-1A Metropolitan Park, Roxas Boulevard, Pasay City 1300 Tel. Nos. 755-3199/755-3299/755-3899/755-3999 loc. 5119</p>	<p>E-mail addresses: • NCR & Luzon – cmedbmu.gsform@gmail.com • Visayas – gsformvisayas@gmail.com • Mindanao – gsformmindanao@gmail.com</p>
<p>B. E-Games / E-Bingo Licensing Department Philippine Amusement and Gaming Corporation PAGCOR Main Corporate Office, 12th Floor, iMET BPO Tower, CBP-1A Metropolitan Park, Roxas Boulevard, Pasay City 1300 Tel. Nos. 755-3199/755-3299/755-3899/755-3999 loc. 5012 or 5013</p>	<p>E-mail addresses: GLDD.RGUCompliance@pagcor.ph</p>
<p>If submission of this form is done thru e-mail, the Operator should ensure that it has been duly received and acknowledged by CMED or EG/EBLD, as applicable. For notifications, the Operator shall be notified thru e-mail confirming receipt of this form. If no e-mail confirmation is received, the Operator should submit the hard copy of the form directly to CMED or EG/EBLD, as applicable.</p>	



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SECTION C: ACKNOWLEDGEMENT OF NOTIFICATION / REJECTION OF REQUEST

(TO BE FILLED UP BY CMED OR EG/EBLD, AS THE CASE MAY BE)

Request for temporary suspension of operations is:

- REJECTED** due to insufficient details / for reasons deemed unacceptable/ late filing/
day/s covered by notification is/are not holiday
- RECEIVED FOR PROCESSING AND EVALUATION**

Notification for temporary suspension of operations is:

- REJECTED** due to insufficient details / for reasons deemed unacceptable / late filing
- RECEIVED FOR ACKNOWLEDGEMENT**

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

SECTION D: APPROVAL OF REQUEST (TO BE FILLED UP BY EG/EBLD)

- RECOMMENDED FOR APPROVAL** – subject to the condition/s set under **Remarks** below,
if any

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

Approved by:

Assistant Vice President

SECTION E: NOTICE OF RESUMPTION OF OPERATIONS

(TO BE FILLED UP BY OPERATOR ONLY UPON RESUMPTION OF OPERATIONS)

- As scheduled**
- Beyond the Scheduled Resumption Date**

Date of Resumption of Operations: _____

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

REMARKS

