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**GS Form No. 13**

**CMED Reference No.:** \_\_\_\_\_

*Use this form to notify PAGCOR regarding transfer of gaming equipment from the gaming site to another gaming site, Operator's or Supplier's authorized storage area or vice versa. Please accomplish this form by providing correct and complete information. The Operator shall submit this form to CMED at least one (1) business day prior to intended date of implementation. Cut-off for submission of notifications shall be 4:00 P.M.*

**PLEASE NOTE THAT PAGCOR RESERVES THE RIGHT TO CONDUCT POST-AUDIT OF THE TRANSFER OF GAMING EQUIPMENT AND/OR PARAPHERNALIA.**

Name of Operator : \_\_\_\_\_ GL No. : \_\_\_\_\_

*(As reflected in the license)*

Gaming Site Location : \_\_\_\_\_

*(As reflected in the license)*

Game Offering : \_\_\_\_\_

Date of Implementation : \_\_\_\_\_

If a Supplier is involved in this notification, please fill up the following:

Name of Supplier : \_\_\_\_\_

Supplier's Enrolment No. : \_\_\_\_\_

Supplier's Permit to Possess No. : \_\_\_\_\_

**SECTION A: TRANSFER OF GAMING EQUIPMENT (TO BE PROVIDED BY OPERATOR)**

**A. GAMING EQUIPMENT FOR TRANSFER:**

This is to request approval to pull-out and transfer: *(Put an [x] mark on any of the following)*

<input type="checkbox"/> Gaming Machine(s)/Terminal(s)	<input type="checkbox"/> Chips/Plaques
<input type="checkbox"/> Gaming Machine/Terminal Assembly Parts/Peripherals	<input type="checkbox"/> Bill Validator(s)/Acceptor(s)
<input type="checkbox"/> Bingo/Gaming System(s)	<input type="checkbox"/> Electronic Bingo Card Daubers
<input type="checkbox"/> Bingo System Component Part(s)/Paraphernalia	<input type="checkbox"/> Game Conversion Kit(s)
<input type="checkbox"/> Gaming Table(s)	<input type="checkbox"/> Others _____
<input type="checkbox"/> Table Layout(s)	

*(Please accomplish and submit attached Inventory List of Gaming Equipment for Transfer.)*


**B. FROM** (Origin of gaming equipment): \_\_\_\_\_

**C. TO** (Destination of gaming equipment): \_\_\_\_\_

**D. REASON FOR TRANSFER OF GAMING EQUIPMENT:** \_\_\_\_\_

We confirm and undertake to do the following:

- New gaming machine along with its new game/s must undergo a prior evaluation and approval by EG/EBLD, before it can be transferred from a gaming site to another location or vice versa.
- If transfer of gaming machine, system, and all other gaming equipment and paraphernalia to be used in gaming site involves a Supplier, then the Supplier must be registered with PAGCOR and accredited by Operator/s.
- Transfer of Instant Game tickets shall be supported at all times by Commercial Invoice and delivery receipts (DRs).
- A log report of all gaming equipment transferred to/from the gaming site shall be prepared and maintained, which shall be made available to CMED at any time as deemed necessary by the concerned department.
- The conduct of transfer of gaming equipment is compliant with the requirements set forth in Section 2 under Regulation 14 of the Gaming Site Regulatory Manuals.

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f. Transfer notification form due to increase or decrease in the number of gaming machines or terminals in gaming site or on account of an approved addition, removal, or conversion of game offering, must have a corresponding Gaming Terminal Expansion/ Reduction Notification Form (GS Form No. 8) or approved Game Offering Request and Approval Form (GS Form No. 7) duly acknowledged by EG/EBLD, respectively. This shall not be applicable if movement is due to replacement of machine/s.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(Authorized Representative)*

Position Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Request for transfer of gaming equipment should be accompanied by Confirmation of Accountability duly filled up and signed by receiving Operator/Supplier. Requesting Operator should request the receiving Operator/Supplier to accomplish Section B of this form.**

**SECTION B: CONFIRMATION OF ACCOUNTABILITY (TO BE FILLED UP BY THE CONCERNED OPERATOR OR SUPPLIER)**

\_\_\_\_\_ hereby ASSUMES RESPONSIBILITY/ACCOUNTABILITY for  
*(Name of Receiving Party)*  
 the abovementioned transferred items.

Further, our gaming site/warehouse is available to PAGCOR for inspection and inventory of gaming machines, equipment and/or paraphernalia at any time that may be deemed necessary by PAGCOR.

**By:** Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(Authorized Signatory of Receiving Party)*

Position Title: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION C: SUBMISSION INSTRUCTIONS**

Once Sections A and B are completed, please submit this form to CMED or, along with the necessary attachments. Hard copies may be submitted directly to CMED office or scanned copies of the documents may be emailed using the e-mail addresses indicated below:

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  
 Tel. Nos. (+632) 8522-0299 / 8522-1357 / 8522-1245 / 8522-1324  
 Local 5186 (Bingo Games) Local 2404 (Electronic Games)

E-mail addresses: (Bingo Games)  
 • NCR & Luzon – [cmedbmu.gsform@gmail.com](mailto:cmedbmu.gsform@gmail.com)  
 • Visayas – [gsformvisayas@gmail.com](mailto:gsformvisayas@gmail.com)  
 • Mindanao – [gsformmindanao@gmail.com](mailto:gsformmindanao@gmail.com)  
 E-mail address: (Electronic Games)  
 • [igaming.monitoring@pagcor.ph](mailto:igaming.monitoring@pagcor.ph)


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

**SECTION D: ACKNOWLEDGEMENT OF NOTIFICATION (TO BE FILLED UP BY CMED)**

RECEIVED for PROCESSING with REFERENCE NO.: \_\_\_\_\_

**By:** Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**INVENTORY LIST OF GAMING EQUIPMENT FOR TRANSFER**

NO.	MANUFACTURER	PARTICULARS*	SERIAL NO.	PAGCOR TAG NO.	REMARKS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

*\*Under particulars, please indicate Game Name, Brand and Model, if applicable.*