

	DESTRUCTION OF GAMING EQUIPMENT/ PARAPHERNALIA NOTIFICATION FORM	Page No.	Page 1 of 1
		Form No.	EG/EBLD - 429
		Rev. No.	0
		Effectivity	April 19, 2021

GS Form No. 22

CMED Reference No.: _____

Use this form to notify Compliance Monitoring and Enforcement Department (CMED) regarding destruction of gaming equipment/paraphernalia in the currently operational gaming site. 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.

Name of Operator: _____
(please provide complete registered name)

Gaming Site Location: _____
(as reflected in the license)

Type of Game Offering: _____

Date of Implementation: _____

SECTION A: PROPOSED DESTRUCTION OF GAMING EQUIPMENT/PARAPHERNALIA (TO BE PROVIDED BY OPERATOR)

Please be informed of the destruction of the following gaming equipment/paraphernalia in the Gaming Site which shall be undertaken at _____:
(Location where gaming equipment/paraphernalia shall be destroyed)

ITEM NO.	MODEL/CODE	DESCRIPTION (Name of Supplier, Size, Shape, Colors, Serial Nos., etc.)	QUANTITY
1			
2			
3			
4			
5			

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

We confirm and undertake to do the following:

- Destruction of gaming equipment and/or paraphernalia is compliant with the procedures and guidelines prescribed under Regulation 15 of Gaming Site Regulatory Manual.
- The Operator shall ensure that all gaming equipment/paraphernalia are completely destroyed and rendered unusable for gaming operations.
- After destruction, the Operator shall accomplish, sign and submit to CMED a duly accomplished and notarized "Certificate of Gaming Equipment/ Paraphernalia Destruction Form" (GS Form No. 23) to be acknowledged by the Operator's representatives.

Printed Name: _____ Signature: _____
(Authorized Representative)

Position Title: _____ Date: _____

SECTION B: SUBMISSION INSTRUCTIONS

Once Section A is completed, please submit this form to CMED 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 1300
Tel. Nos. 755-3199/755-3299/755-3899/755-3999 loc. 5119

E-mail addresses:
• NCR & Luzon – cmedbmu.gsform@gmail.com
• Visayas – gsformvisayas@gmail.com
• Mindanao – gsformmindanao@gmail.com

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.

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

RECEIVED with REFERENCE NO.: _____

By: Printed Name: _____ Signature: _____

Position Title: _____ Date: _____