

	<b>CHANGE IN GAMING SITE OPERATING HOURS NOTIFICATION FORM</b>	<b>Page No.</b>	Page 1 of 1
		<b>Form No.</b>	EG/EBLD - 431
		<b>Rev. No.</b>	0
		<b>Effectivity</b>	April 19, 2021

**GS Form No. 24**

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

Use this form to notify Compliance Monitoring and Enforcement Department (CMED) regarding change in daily operating hours or change in operating hours due to holiday/s of the 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.

**PLEASE NOTE THAT PAGCOR RESERVES THE RIGHT TO CONDUCT POST-AUDIT ON THE CHANGE IN OPERATING HOURS OF THE GAMING SITE.**

Name of Operator: \_\_\_\_\_  
(please provide complete registered name)

Gaming Site Location: \_\_\_\_\_  
(as reflected in the license)

Type of Game Offering: \_\_\_\_\_

**SECTION A: REQUEST DETAILS (TO BE PROVIDED BY OPERATOR)**

<input type="checkbox"/>	<b>A. Change in Daily Operating Hours –</b>	From: _____	To: _____
	Implementation Dates -	From: _____	To: _____
<input type="checkbox"/>	<b>B. Change in Operating Hours Due to Holiday/s –</b>	From: _____	To: _____
	Implementation Dates –	From: _____	To: _____
	Name of Holiday/s: _____		
	Reason/s: _____		
	_____		
<b>By:</b>	Printed Name: _____	Signature: _____	
	Position Title: _____	Date: _____	

**SECTION B: SUBMISSION INSTRUCTIONS**

Once Section A is completed, please submit this form to CMED. 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](mailto:cmedbmu.gsform@gmail.com)  
• Visayas – [gsformvisayas@gmail.com](mailto:gsformvisayas@gmail.com)  
• Mindanao – [gsformmindanao@gmail.com](mailto: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: \_\_\_\_\_