



**GAMING SITE OPERATORS' AUTHORIZED  
SIGNATORY AND CONTACT INFORMATION**  
(Bingo and Electronic Games)

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Form No.	EG/EBLD - 1309
Revision. No.	1
Effectivity	JULY 1, 2022

Corporation Name : \_\_\_\_\_

Gaming Site Name / Trade Name : \_\_\_\_\_

Type of Gaming License :  Bingo Games  Electronic Games  Sports Betting

**CONTACT INFORMATION**

Main Office Address : \_\_\_\_\_

Telephone / Mobile Nos.: \_\_\_\_\_ Official E-mail Address/es: \_\_\_\_\_ Multiple Sites:  
 (1) \_\_\_\_\_ (1) \_\_\_\_\_  Yes  
 (2) \_\_\_\_\_ (2) \_\_\_\_\_  No

**AUTHORIZED REPRESENTATIVES AND SIGNATORIES**

*For multiple gaming sites with different authorized/alternate signatories and representatives per gaming site, pls use Schedule 1*

**1. Authorized Signatories**

Name	Position	Specimen Signature

**2. Alternate Signatories**

Name	Position	Specimen Signature

**3. Authorized Signatories on OPERATIONAL REQUEST FORMS (or GS Forms)**

Name	Position	Specimen Signature

**4. Authorized Person/s to Transact with PAGCOR**

Name	Position	Contact / Mobile Nos.

I have read, understood, and consented to PAGCOR's [Privacy Notice](#) and [Privacy Policy](#).

I hereby certify that the foregoing Officers of the Corporation as indicated above / attached schedule are authorized to act, sign, execute, and/or deliver any and all documents, instruments, for and in behalf of the Corporation.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

CORPORATE SECRETARY

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ by affiant who exhibited to me his/her Community Tax Certificate/Passport Number \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

Doc No. \_\_\_\_\_  
 Page No. \_\_\_\_\_  
 Book No. \_\_\_\_\_  
 Series of \_\_\_\_\_



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Schedule 1

Corporation Name : \_\_\_\_\_

**LIST OF GAMING SITES**

Additionally, fill-up this form for Operators with multiple gaming sites which have designated various authorized signatories and/or representatives for each gaming site:

Gaming Site Name and Site Address	Authorized Signatories (Correspondences)	Authorized Signatories (Operational Request/ GS Form)	Authorized to Transact with PAGCOR	Contact Information
1.	Name/Position:	Name/Position:	Name/Position:	Tel / Mobile Nos.:
	Specimen Signature:	Specimen Signature:		Email:
2.	Name/Position:	Name/Position:	Name/Position:	Tel / Mobile Nos.:
	Specimen Signature:	Specimen Signature:		Email:
3.	Name/Position:	Name/Position:	Name/Position:	Tel / Mobile Nos.:
	Specimen Signature:	Specimen Signature:		Email:
4.	Name/Position:	Name/Position:	Name/Position:	Tel / Mobile Nos.:
	Specimen Signature:	Specimen Signature:		Email:
5.	Name/Position:	Name/Position:	Name/Position:	Tel / Mobile Nos.:
	Specimen Signature:	Specimen Signature:		Email:

*\*repeatedly use this page for additional gaming sites*