



**AUTHORIZED SIGNATORY AND CONTACT INFORMATION**

Page No.	Page <b>1</b> of <b>1</b>
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Company Name : \_\_\_\_\_

Registered Address : \_\_\_\_\_

**LICENSED CASINOS**     **SERVICE PROVIDERS**     **REGISTERED SUPPLIERS**

**CONTACT INFORMATION**

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

Telephone / Mobile Nos.: \_\_\_\_\_ Official E-mail Address/es: \_\_\_\_\_

(1) _____	(1) _____
(2) _____	(2) _____
(3) _____	(3) _____

**AUTHORIZED REPRESENTATIVES AND SIGNATORIES**

**1. Authorized Signatory/ies**

Name	Position	Specimen Signature

**2. Alternate Signatory/ies**

Name	Position	Specimen Signature

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

Name	Position

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 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 \_\_\_\_\_