



SUPPLIER SHIP-OUT CLEARANCE REQUEST AND APPROVAL FORM

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Form No.	GLDD - 1015
Revision No.	1
Effectivity	September 1, 2019

Use this form to request clearance from PAGCOR when shipping out gaming equipment, spare parts and/or gaming paraphernalia from the Supplier's storage facility. Only request with correct and complete information and complete documentary requirements will be received. Otherwise said request will be returned.

PLEASE ALLOW FOURTEEN (14) BUSINESS DAYS FOR GLDD TO PROCESS YOUR REQUEST

SECTION A: SHIP-OUT CLEARANCE REQUEST (TO BE FILLED UP BY THE SUPPLIER)

Name of Supplier : _____

Implementation Date: _____ Permit No.: _____ Validity: _____

Type of items for ship-out: (Put an [X] mark on any of the ff.)

- | | |
|--|---|
| <input type="checkbox"/> Gaming Table(s) | <input type="checkbox"/> Slot Machine(s)/Electronic Gaming Machine(s) |
| <input type="checkbox"/> Playing Cards(s) | <input type="checkbox"/> Electronic Table Game(s) |
| <input type="checkbox"/> Slot Spare Part(s) | <input type="checkbox"/> Chips/Plaques |
| <input type="checkbox"/> Table Layout(s) | <input type="checkbox"/> Game Conversion Kit(s) |
| <input type="checkbox"/> Surveillance Equipment | <input type="checkbox"/> Slot Machine Signage(s) |
| <input type="checkbox"/> Gaming Paraphernalia | <input type="checkbox"/> Casino Management System for Table & Slot |
| <input type="checkbox"/> Bill Validator/Acceptor | <input type="checkbox"/> Others (Pls. Specify) _____ |

Attachment: Inventory List of Items for Ship-out

Description of Subject Item(s): _____

Reason for ship-out: _____

Destination: _____

Reference shipment invoice of items to be shipped-out: (Put an [X] mark on any of the ff)

Commercial Invoice No. _____

Tax Invoice No. _____

Custom Broker: _____ Telephone no. _____

By: _____ Date _____

Supplier's Authorized Signatory
(Signature over Printed Name)

SECTION B: SUBMISSION INSTRUCTIONS

Once Section A is completed, please submit this form to GLDD together with supporting ship-out documents. Hard copies may be submitted directly to the GLDD office on the address indicated below:

Gaming Licensing and Development Department
Philippine Amusement and Gaming Corporation
12th Floor, iMET BPO Tower CBP-1A Metropolitan Park
Roxas Blvd., Pasay

Tel Nos. (02) 522-1242 to 45 local 5006

OR you may send a scanned copy of this form together with the necessary attachments thru email to:
gldd_suppliers@pagcor.ph



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SECTION C: ACTION TAKEN (TO BE FILLED UP BY GLDD)

A. RETURNED due to the following reasons:

- Incomplete information and/or supporting shipment invoice
- Incorrect information vis-à-vis supporting shipment invoice

B. RECEIVED FOR PROCESSING with assigned Reference No. _____

By: Printed Name: _____
Position Title: _____

Signature: _____
Date: _____

C. RECOMMENDATION FOR APPROVAL

By: Printed Name: _____
Position Title: _____

Signature: _____
Date: _____

Verified by:

Approved by:

Senior Manager, CLRD, GLDD

Assistant Vice President, GLDD



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ATTACHMENT:

INVENTORY LIST OF ITEMS FOR SHIP-OUT

No.	Items to be Transferred	Manufacturer	Particulars (Game Name, Brand, Model)	Serial No.	PAGCOR Inventory Tag Number	Remarks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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