



# TEMPORARY SUSPENSION OF OFF-COCKPIT BETTING STATION OPERATIONS FORM

Page No.	1 of 1
Form No.	ESLD-1318
Revision No.	0
Effectivity	Nov. 29, 2021

**ES Form No. 10**

**ESLD Reference No.:** \_\_\_\_\_

*Submit this form to request approval from/notify PAGCOR of the intended suspension of operations of gaming site as the case may be, prior to implementation. Otherwise, it will be considered unauthorized suspension of operations. Please accomplish this form by providing correct and complete information. The Operator shall submit this form to ESLD/CMED at least five (5) business day prior to intended date of implementation. Cut-off for submission of notifications shall be 4:00 P.M.*

### PART A. APPLICANT INFORMATION

NAME:			
POSITION IN THE COMPANY:			
REASON/S:			
GAMING SITE LOCATION:			
DATE OF IMPLEMENTATION:	FROM:	TO:	NO. OF DAYS:
DATE OF RESUMPTION:			
E-MAIL ADDRESS:		SIGNATURE:	
CONTACT NUMBER:			

### PART B. SUBMISSION INSTRUCTIONS

Please submit this form to ESLD and CMED, as applicable, along with the necessary attachments. Hard copies may be submitted directly to ESLD office or scanned copies of the documents may be emailed using the e-mail addresses indicated below:

- |   |  |
|---|--|
| <p>A. Compliance Monitoring and Enforcement Department<br/>         Philippine Amusement and Gaming Corporation<br/>         PAGCOR Main Corporate Office, 12th Floor, iMET BPO Tower,<br/>         CBP-1A Metropolitan Park, Roxas Boulevard, Pasay City 1300<br/>         Tel. Nos. (02) 8829-5701 / (02) 8898-0040 loc. 2404</p> | <p>E-mail addresses:<br/> <a href="mailto:cmec.esabong@pagcor.ph">cmec.esabong@pagcor.ph</a></p> |
| <p>B. E-Sabong Licensing Department<br/>         Philippine Amusement and Gaming Corporation<br/>         PAGCOR Executive Office 5<sup>th</sup> Floor Room 509, New Coast Hotel<br/>         Manila, 1588 MH Del Pilar corner Pedro Gil St. Malate, Manila 1000<br/>         Tel. No. 8242-0121 local 470</p>                      | <p>E-mail addresses:<br/> <a href="mailto:E-Sabong.@pagcor.ph">E-Sabong.@pagcor.ph</a></p>       |

If submission of this form is done thru e-mail, the Operator should ensure that it has been duly received and acknowledged by ESLD and CMED, as applicable. For notifications, the Operator shall be notified thru e-mail confirming receipt of this form. If no e-mail confirmation is received, the Operator should submit the hard copy of the form directly to ESLD, as applicable.

### PART C. ACTION TAKEN *(to be filled by ESLD)*

<p><b>EVALUATED/RECOMMEND BY:</b></p> <p>____ Checked/Verified</p> <p>____ Coordinated with Operator/CMED</p> <p>_____</p> <p style="text-align: center;"><i>(Signature over printed name)</i></p> <p>Date: _____</p>	<p><b>APPROVED BY:</b></p> <p>_____</p> <p style="text-align: center;"><i>(Signature over printed name)</i></p> <p>Date: _____</p>
---	--

### PART E. ACKNOWLEDGEMENT OF NOTIFICATION *(to be filled by CMED)*

<p><b>VERIFIED/PROCESSED BY:</b></p> <p>____ Checked/Verified</p> <p>____ Coordinated with Operator/ESLD</p> <p>_____</p> <p style="text-align: center;"><i>(Signature over printed name)</i></p> <p>Date: _____</p>	<p><b>NOTED BY:</b></p> <p>_____</p> <p style="text-align: center;"><i>(Signature over printed name)</i></p> <p>Date: _____</p>
--	---