



**REQUEST FOR REPRINTING OR CERTIFIED  
TRUE COPIES OF LICENSE, PERMIT OR  
ACCREDITATION CERTIFICATE**

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ES Form No. 5

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

Use this form to request approval from E-Sabong Licensing Department (ESLD) for a Re-Printing and Certified True Copy/ies (CTC) of License, Certificates, Permit and Accreditation. Only requests with complete information and/or attachment/s will be processed. Failure to provide the required information could result to non-processing of the request. Cut-off for submission of request shall be 4:00 P.M.

**PART A. APPLICANT TYPE**

Reprinting

Certified True Copy

License to Operate

Accreditation Certificate

Permit to Operate

**PART B. APPLICANT INFORMATION**

NAME:

POSITION IN THE COMPANY:

PURPOSE/S:

NUMBER OF COPIES: (In figure and word)

E-MAIL ADDRESS:

CONTACT NUMBER:

SIGNATURE:

**PART C. REQUEST REQUIREMENTS**

1. Duly accomplished ES Form No. 2 - E-Sabong Payment Processing Request Form.
2. Copy of payment (deposit slip and/or official Receipt from FMD (PAGCOR Finance Section - Cashier).
3. Authorization from the operators for the authorized representative who will pick up the documents with copy/ies of their valid IDs and specimen signature.

\_\_\_\_\_  
Representative's Name Signature Over Printed Name

**PART D. ACTION TAKEN** (to be filled by ESLD):

**EVALUATED/RECOMMEND BY:**

- \_\_\_\_ Payment Cleared / Verified  
\_\_\_\_ Complete Supporting Documents

\_\_\_\_\_  
(Signature over printed name)  
Date:

**APPROVED BY:**

\_\_\_\_\_  
(Signature over printed name)  
Date: