



E-SABONG WEBSITE REGISTRATION AND UPDATE FORM

Page No.	1 of 1
Form No.	ESLD-1314
Revision No.	0
Effectivity	Nov. 29, 2021

ES Form No. 6

ESLD Reference No.: _____

Use this form to request approval from E-Sabong Licensing Department (ESLD) for a website registration and update. 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 INFORMATION

NAME:

POSITION IN THE COMPANY:

E-MAIL ADDRESS:

CONTACT NUMBER:

SIGNATURE:

LIST OF WEBSITES TO BE ADD / REMOVE

No.	COMPANY	BRAND	WEBSITE NAME	REMARKS (ADD/REMOVE)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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:

A. Compliance Monitoring and Enforcement Department
 Philippine Amusement and Gaming Corporation
 PAGCOR Main Corporate Office, 12th Floor, iMET BPO Tower,
 CBP-1A Metropolitan Park, Roxas Boulevard, Pasay City 1300
 Tel. Nos. (02) 8829-5701 / (02) 8898-0040 loc. 2404

E-mail addresses:
cmед.esabong@pagcor.ph

B. E-Sabong Licensing Department
 Philippine Amusement and Gaming Corporation
 PAGCOR Executive Office 5th Floor Room 509, New Coast Hotel
 Manila, 1588 MH Del Pilar corner Pedro Gil St. Malate, Manila 1000
 Tel. No. 8242-0121 local 470

E-mail addresses:
E-Sabong.@pagcor.ph

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):*

EVALUATED/RECOMMEND BY:

- ____ Checked / Verified
 ____ Coordinated with Operator / CMED

(Signature over printed name)
 Date:

APPROVED BY:

(Signature over printed name)
 Date: