



CHANGE IN OFF-COCKPIT BETTING STATION OPERATING HOURS NOTIFICATION FORM

Page No.	1 of 1
Form No.	ESLD-1317
Revision No.	0
Effectivity	Nov. 29, 2021

ES Form No. 9

ESLD Reference No.: _____

Use this form to notify PAGCOR regarding change in daily operating hours; due to holiday/s, forced majeure, calamity etc., of the gaming site. Please accomplish this form by providing correct and complete information. The Operator shall submit this form to ESLD/CMED at least one (1) 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:		
IMPLEMENTATION DATE:	FROM:	TO:
OPERATING HOURS:	FROM:	TO:
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:

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| <p>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</p> | <p>E-mail addresses:
 cmec.esabong@pagcor.ph</p> |
| <p>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</p> | <p>E-mail addresses:
 E-Sabong@pagcor.ph</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>EVALUATED/RECOMMEND BY:</p> <p><input type="checkbox"/> Checked/Verified</p> <p><input type="checkbox"/> Coordinated with Operator/CMED</p> <p>_____</p> <p style="text-align: center;"><i>(Signature over printed name)</i></p> <p>Date:</p>	<p>APPROVED BY:</p> <p>_____</p> <p style="text-align: center;"><i>(Signature over printed name)</i></p> <p>Date:</p>
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PART E. ACKNOWLEDGEMENT OF NOTIFICATION *(to be filled by CMED)*

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