PAGCOR	**RESIGNATION / TERMINATION FORM** ***(Form_B)***	Page No.	1 of __
		Form No.	OGLD-1175
		Revision No.	2
		Effectivity	July 18, 2023

Name of Service Provider:

Business Address:

NAME	NATIONALITY	POSITION	OGEL NUMBER	REASON FOR TERMINATION	EFFECTIVITY DATE

Prepared by:
(To be filled up by the Authorized Representative)

NAME ***(Please Sign over Printed Name)***	***DATE***