

	SUPPLIERS SHIPMENT CLEARANCE REQUEST AND APPROVAL FORM	Page No.	Page 1 of 4
		Form No.	GLDD-1013
		Revision No.	7
		Effectivity	April 21, 2026

Use this form to request shipment clearance from PAGCOR on importations of gaming equipment and/or gaming paraphernalia. Only request with correct, complete information and documentary requirement will be processed. Application with incorrect and/or incomplete information/documents will be returned. Any custom duties and taxes levied on the shipment shall be for the account of the Supplier.

PLEASE ALLOW SEVEN (7) BUSINESS DAYS FOR GLDD TO PROCESS YOUR REQUEST
PLEASE NOTE THAT PAGCOR RESERVES THE RIGHT TO CONDUCT POST-AUDIT OF ALL GAMING EQUIPMENT AND GAMING PARAPHERNALIA STORED AT THE SUPPLIER'S WAREHOUSE.

Name of Supplier: _____
Date: _____ Permit No.: _____ Validity: _____

SECTION A: SHIPMENT CLEARANCE REQUEST (To be filled up by the Supplier)

Please check the applicable box:

☐	Gaming Table	☐	Bingo machine or console
☐	Playing Cards	☐	Chips/Plaques
☐	Slot Machine Spare part/ Accessories	☐	Game Conversion kits
☐	Gaming Table Layout	☐	Signages
☐	Surveillance Equipment	☐	Casino Management System for Tables, Slots or E-bingo
☐	Gaming Paraphernalia	☐	Bingo Flashboard
☐	Slot Machine	☐	Bingo Paraphernalia
☐	Electronic Table Game Terminals	☐	Bingo Tickets
☐	Electronic Bingo Machine/ Terminal	☐	Bingo Balls
		☐	Others _____

Description: _____
Purpose:
☐ Demo unit ☐ Stock/spare ☐ Warranty/replacement ☐ For assembly
Location: _____

SECTION A.1: FOR IMPORTATIONS OF SLOT MACHINE(S), ELECTRONIC TABLE GAME(S), CONVERSION KIT(S) OR CASINO MANAGEMENT SYSTEM (To be filled up by the Supplier)

We are submitting the accompanying Certification/s from an International Gaming Laboratory duly recognized by PAGCOR for the following:

☐	Slot Machine	☐	Game Conversion Kit
☐	Electronic Table Game	☐	Casino Management System
☐	Others		

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SECTION A2: SHIPMENT DUTIES TAXES (To be filled up by the Supplier)

Importation of the abovementioned Subject Item(s):

- ☐ Duty/Tax free privileges covered under Import Permits filed with _____
☐ Customs and duties taxes for the account of Supplier.

Shipment Invoice/s attached (Please mark the applicable box):

☐ Commercial Invoice No. _____ ☐ Tax Invoice No. _____

Name of Supplier: _____ Shipment Point of Origin _____

Address: _____

SECTION B: TERMS AND CONDITIONS

- The Supplier must have a valid Permit to Hold Gaming Equipment and Gaming Paraphernalia.
- The Supplier shall ensure that all items shipped shall be strictly within the quantities and description as approved by GLDD per submitted shipment invoice. PAGCOR may impose sanctions on the Supplier if the actual importation is inconsistent with the submitted shipment invoice.

SECTION C: DECLARATION

We hereby declare under the penalty of perjury that:

1. The aforementioned are true, correct, complete and consistent with the attached shipping documents.
2. We agree to abide by the terms and conditions under Section B above; and
3. The attached list is the current inventory of the stated storage facility.

Name of Authorized Representative: _____ Date: _____

Position Title: _____ Signature: _____

SECTION D: SUBMISSION INSTRUCTIONS

Once Sections A and B are completed, please submit this form to GLDD along with the necessary attachments. Hard copies may be submitted directly to the GLDD office on the address indicated below:

Gaming Licensing and Development Department

Philippine Amusement and Gaming Corporation

MET Live Building, Central Business Park 1-A
 Macapagal Boulevard corner EDSA Extension, Pasay
 City 1300
 Tel Nos. (02) 8522-0299 to local 1156

URL Address: www.ecms@pagcor.ph

OR you may send a scanned copy of this form together with the necessary attachments thru email to:
gldd_suppliers@pagcor.ph

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SECTION E: ACTION TAKEN (TO BE FILLED UP BY GLDD)

☐

A. RETURNED due to the following reasons:

☐
☐

Incomplete information and/or supporting shipment invoice

Incorrect information vis-à-vis supporting shipment invoice

☐

B. RECEIVED FOR PROCESSING with assigned Reference No. _____

By: Printed Name: _____
 Position Title: _____

Signature: _____
 Date: _____

☐

C. RECOMMENDATION FOR APPROVAL

By: Printed Name: _____
 Position Title: _____

Signature: _____
 Date: _____

Verified By:

Approved By:

 Regulatory Manager, CLRD-GLDD

 Assistant Vice President, GLDD

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ATTACHMENT:

INVENTORY LIST

No.	Items to be Shipped	Details	Quantity	No. of Items Stored in the Facility	Total*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

*Total = Quantity of items to be shipped + Items stored in the facility