

	CESSATION OF PROGRESSIVE JACKPOT NOTIFICATION FORM	Page No.	Page 1 of 3
		Form No.	GLDD – 1001
		Revision No.	6
		Effectivity	January 21, 2026

CRM FORM NO. 68

*The Licensee shall only be allowed to cease its progressive jackpot operations when there is another progressive jackpot available (preferably catering to the same market) of which the former progressive jackpot amount i.e., increment and reserve amount (if applicable) will be transferred to. Otherwise, the Licensee shall have to wait until the jackpot is hit. In this case, any reserve amount shall be added to the jackpot amount won. The Licensee shall accomplish this form to notify PAGCOR of any intended cessation of progressive jackpot and shall submit to GLDD at least **seven (7) days** prior to the intended cessation date.*

Licensee: _____

Name of Casino: _____

Date: _____

PART 1

SECTION A: DETAILS OF PROGRESSIVE JACKPOT

(TO BE ACCOMPLISHED BY THE LICENSEE PRIOR TO THE INTENDED CESSATION)

☐

Table Game

☐

Electronic Gaming Machine

Game/Link Name:	
No. of Linked Machines / Tables: <i>(whichever is applicable)</i>	
Main Jackpot Amount (a) + (b): <i>(as of date of this notification)</i>	
a) Seed Amount:	
b) Increment:	
Reserve Jackpot Amount: <i>(if applicable, as of date of this notification)</i>	
Intended Date of Cessation:	
Reason for Cessation:	
Cessation Options: <i>(Pls. check applicable box)</i>	
☐	Transfer to another available progressive jackpot
☐	Cease only after the jackpot is hit

We confirm and undertake to do the following:

1. Players shall be properly notified, at least seven (7) days in advance, of the date of cessation and where the incremental amount (reserve included) will be transferred to in case the jackpot is not won during the period leading to the cessation date.
2. Actual progressive jackpot amount transferred to the recipient progressive shall be confirmed by the PAGCOR Monitoring Team.

By:

Name of Requestor: _____

Position Title: _____

Signature: _____

Date: _____

	CESSATION OF PROGRESSIVE JACKPOT NOTIFICATION FORM	Page No.	Page 2 of 3
		Form No.	GLDD – 1001
		Revision No.	6
		Effectivity	January 21, 2026

Attested by PMT Representatives:

Name: _____ Signature: _____
 Position Title: _____ Date: _____

SECTION B. SUBMISSION INSTRUCTIONS

Once Section A is completed, please submit this form to GLDD via the PAGCOR Enterprise Content Management System (ECMS) which may be accessed through the following URL: www.ecms.pagcor.ph.

If submission of this form is done through the ECMS, an e-mail notification confirming receipt shall be received. The status of the application can be viewed and monitored through the online account created using the same system. Operator can also download and print the acknowledgment generated as proof of submission.

If no e-mail notification is received, the Operator may inquire from the Gaming Licensing & Development Department through the contact details:

Tel. No. (+632)8522-0299/8522-1357/8522-1324 (Local 1148)

Note: **Please fill-up Part 2 of this form upon cessation of the progressive jackpot. Once duly accomplished, the Licensee shall submit this form to GLDD not later than two (2) days upon cessation of progressive jackpot.**

SECTION C. ACKNOWLEDGEMENT (TO BE FILLED OUT BY GLDD)

☐ **RECEIVED with Reference No.** _____
(pending accomplishment and submission of Part 2 of this form)

Name: _____ Signature: _____
 Position Title: _____ Date: _____

PART 2

SECTION A: DETAILS OF CESSATION OF PROGRESSIVE JACKPOT

(TO BE ACCOMPLISHED BY THE LICENSEE UPON CESSATION OF PROGRESSIVE JACKPOT)

Please check applicable box

☐ **A. Transfer to another available progressive jackpot**

☐ **Table Game**

☐ **Electronic Gaming Machine**

Game/Link Name: <i>(where the jackpot will be transferred to)</i>	
No. of Linked Machines / Tables: <i>(whichever is applicable)</i>	

	CESSATION OF PROGRESSIVE JACKPOT NOTIFICATION FORM	Page No.	Page 3 of 3
		Form No.	GLDD – 1001
		Revision No.	6
		Effectivity	January 21, 2026

Current Main Jackpot Amount: <i>(as of date of transfer)</i>	
Current Reserve Jackpot Amount: <i>(as of date of transfer)</i>	
Jackpot Amount Transferred (a) + (b):	
a) Increment:	
b) Reserve Jackpot Amount: <i>(if applicable)</i>	
Date Transferred:	
Updated Jackpot Amount: <i>(Current Main Jackpot Amount + Jackpot Amount Transferred)</i>	

☐ **B. Cease once the jackpot is hit**

Game/Link Name:	
No. of Linked Machines/Tables <i>(whichever is applicable)</i>	
Main Jackpot Amount:	
Reserve Jackpot Amount: <i>(if applicable)</i>	
Date and Time of Jackpot:	
Amount of Jackpot Hit: <i>(Main + Reserve Jackpot Amounts)</i>	

By:

Name: _____ Signature: _____
Position Title: _____ Date: _____

Attested by PMT Representatives:

Name: _____ Signature: _____
Position Title: _____ Date: _____

SECTION C. ACKNOWLEDGEMENT *(TO BE FILLED OUT BY GLDD)*

☐ **RECEIVED** with **REFERENCE NO.** _____

Name: _____ Signature: _____
Position Title: _____ Date: _____