



REQUEST FOR REFUND OF PERFORMANCE BOND

Page No.

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Form No.

ROASD-569

Revision No.

0

Effectivity

Jun. 22, 2026

PART A. GENERAL INSTRUCTIONS

1. Please use this form to request for the refund of the posted Performance Bond.
2. Only requests with correct and complete information as well as proper attachments will be processed.
3. Print your application form and all documentary requirements on an A4-size paper.
4. **Original documents must be submitted to the Remote Operations and Ancillary Services Department (ROASD) Office.** Applications with incomplete information / requirements will not be accepted.

Note: For any inquiries regarding your refund, you may contact ROASD through an email to ogld@pagcor.ph

PART B. REQUIRED ATTACHMENTS / SUPPORTING DOCUMENTS

This form must be accompanied by the following supporting documents:

1. Notarized Resolution of the Board pertaining to the refund of the performance bond; _____
2. Certified True Copy of the Latest General Information Sheet or its foreign equivalent with beneficial owner page _____
3. Certified True Copy of Articles of Incorporation and By-Laws _____
4. Certificate of no outstanding balances in regulatory fee, and remaining performance Bond issued by the Accounting Department _____
5. Certificate of no unpaid administrative fee, authorization fee, demerits or cash penalties issued by the ROASD _____
6. Release, Waiver, and Quitclaim signed by all directors _____
7. Original Official Receipt issued for posting of performance bond _____
8. Photocopies of government-issued identification cards of all directors with three (3) wet signatures in blue ink _____
9. Certificate of Tax Clearance from the Bureau of Internal Revenue _____
10. Certificate of Non-Operation issued by CMED _____
11. Proof of OGEL IDs surrendered _____
12. Proof of Certificate/s surrendered _____
13. Other documents specific to the requesting company _____

Note: ROASD reserves the right to request additional documentation as deemed necessary.

PART C. DETAILS

NAME OF COMPANY: _____

TYPE OF LICENSE / AUTHORIZATION: _____

Bank	
Bank Account Type	
Bank Address	
Account Name	
Account Number	
Amount of Performance Bond	

PART D. NAME OF DECLARANT *(to be filled out by Authorized Representative/Appointed Representative)*

PRINTED NAME: _____

POSITION TITLE: _____

CONTACT NUMBER: _____ EMAIL ADDRESS: _____

SIGNATURE OVER PRINTED NAME



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