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		Form No.	GLDD – 959
		Revision No.	6
		Effectivity	Aug. 20, 2025

CRM FORM NO. 1

Use this form to request approval from and notify PAGCOR regarding casino layout plan, to wit:

a) For submission of initial/original casino layout plan, the Licensee shall request approval from PAGCOR **at least fifteen (15) business days** prior to intended date of implementation.

b) For modifications to the previously approved casino layout, the Licensee only needs to notify PAGCOR of the intended modification **at least one (1) business day** prior to the intended date of implementation.

All requests for approval with incomplete information and/or attachment/s shall not be processed.

PLEASE NOTE THAT PAGCOR RESERVES THE RIGHT TO CONDUCT POST-AUDIT OF THE CASINO LAYOUT PLAN.

Licensee : _____

Name of Casino : _____ Date : _____

Date of Implementation : _____

Check the applicable box. For submission of the initial/original casino layout plan, fill up Item A of Section A. For modifications to the previous submission of the casino layout plan, fill up Item B of Section A.

SECTION A: CASINO LAYOUT PLAN (TO BE PROVIDED BY LICENSEE)

☐ **A. Request for approval of proposed casino layout plan with corresponding camera layout showing the location of gaming tables, electronic gaming machines and ancillary areas, attached as Annexes ____ and ____.**

☐ First Submission
 ☐ Second Submission
 ☐ Third Submission

This is to certify and confirm the following:

- 1.) That, the attached casino layout plan is compliant with Regulation 2 of the Casino Regulatory Manual which plan indicates the following minimum requirements:
 - a. Boundaries of the casino premises
 - b. Designated gaming areas within the casino premises specifying the size of each area and the placement of Gaming Tables and Electronic Gaming Machine (EGMs)
 - c. Designation of each gaming area according to the following types:
 - Non-high Roller
 - High Roller
 - Junket
 - d. Quantity of the following:
 - Non-high Roller Tables
 - High Roller Tables
 - Junket Tables
 - EGMs
 - Poker Room Tables
 - Online Gaming Platform

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- e. Each ancillary area within the casino premises
- f. All entrances to and exits from the casino premises; and

2.) That, the attached camera layout plan is compliant with the requirements prescribed in Regulation 7 of the Casino Regulatory Manual (CRM) for Licensed Land-Based Casinos.

☐ **B. Notification of change in casino layout plan with corresponding camera layout showing the new location of gaming tables, electronic gaming machines and ancillary areas, attached as Annexes ____ and ____.**

☐ First Submission
 ☐ Second Submission
 ☐ Third Submission

This is to certify and confirm the following:

- 1.) That, the revised casino layout plan is compliant with the requirements prescribed in Regulation 2 of the said CRM; and
- 2.) That, the attached revised camera layout plan is compliant with the requirements prescribed in Regulation 7 of the said CRM.

Name of Requestor: _____ **Signature:** _____
Position Title: _____ **Date:** _____

SECTION B: SUBMISSION INSTRUCTION

Once you have completed Sections A or B above, 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 along with the floor and camera layout plans.

Hard copies must be submitted directly to PAGCOR:

Central Receiving – Records Management Department
 Philippine Amusement and Gaming Corporation
 G/F Lobby, MET Live Building
 Central Business Park 1-A Macapagal Boulevard cor. EDSA Extension Pasay City 1300

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)



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SECTION C: ACTION TAKEN *(TO BE FILLED OUT BY GLDD)*

☐ **A. RETURNED** due to incomplete information and/or attachment/s

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

By: Printed Name: _____ Signature: _____
Position Title: _____ Date: _____

☐ **C. RECOMMENDATION FOR APPROVAL**

By: Printed Name: _____ Signature: _____
Position Title: _____ Date: _____

Approved by:

Assistant Vice President, GLDD