



# ADDITIONAL SITE / ADDRESS NOTIFICATION FORM

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| Page No.     | 1 of 1       |
| Form No.     | OGLD-1056    |
| Revision No. | 5            |
| Effectivity  | Aug. 9, 2023 |

Use this form to signify intent to apply for operating site/s in addition to the previously registered address with PAGCOR. Only requests with correct, complete information and documentary requirements will be processed. Applications with incorrect and/or incomplete information/requirements will be returned.

ALL ADDITIONAL OPERATING SITES/ ADDRESSES ARE SUBJECT TO INSPECTION

## PART A. COMPANY INFORMATION

NAME OF APPLICANT:

TYPE OF AUTHORIZATION:

*\*FOR AUTHORIZED PROVIDER, KINDLY INDICATE NAME OF LICENSEE:*

## PART B. ADDITIONAL OPERATING SITE REQUEST/S

### B.1 EXISTING ADDRESS/ES:

### FLOOR AREA

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

|  |
|--|
|  |
|  |
|  |
|  |

*(Note: Please use additional sheet/s if the space provided above is not sufficient)*

### B.2 ADDITIONAL ADDRESS/ES:

### FLOOR AREA

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

|  |
|--|
|  |
|  |
|  |
|  |

*(Note: Please use additional sheet/s if the space provided above is not sufficient)*

**Required Attachments:** ☐ LONO (if necessary) ☐ Lease Agreement of New Operating Site/s

## PART C. AUTHORIZED REPRESENTATIVE INFORMATION *(to be filled out by Authorized Representative)*

NAME:

POSITION IN THE COMPANY:

CONTACT NUMBER:

EMAIL ADDRESS:

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

## PART D. ACTION TAKEN *(to be filled by OGLD)*

## PART E. ENDORSEMENT TO RMD

- ☐ Payment Cleared by FOCAS  
☐ Complete Supporting Documents  
OLS-OGLD Ref. No.: \_\_\_\_\_

RECEIVED BY:

PROCESSED BY:

CHECKED & VERIFIED BY:

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*(Signature over printed name)*

\_\_\_\_\_  
*(Signature over printed name)*