

	TRANSFER OF GAMING EQUIPMENT NOTIFICATION FORM Remote Games	Page No.	Page 1 of 4
		Form No.	EGLD - 428
		Rev. No.	7
		Effectivity	July 13, 2026

EG Form No. 13
CMED Reference No.: _____

Use this form to notify PAGCOR of: (1) the transfer of gaming equipment from the gaming venue to another gaming venue, Operator's or Supplier's authorized storage area or vice versa; or (2) the transfer of gaming equipment from a live gaming studio set-up to another live gaming studio set-up, GCP's or Supplier's authorized storage area, or vice versa. Please accomplish this form by providing correct and complete information. The Operator/GCP shall submit this form to CMED at least one business day prior to intended date of implementation. Cut-off for submission of notifications shall be 4:00 P.M.

PLEASE NOTE THAT PAGCOR RESERVES THE RIGHT TO CONDUCT POST-AUDIT OF THE TRANSFER OF GAMING EQUIPMENT AND/OR PARAPHERNALIA

Entity Classification : ☐ Gaming Venue Operator (Operator) ☐ Game Content Provider (GCP)

Name of Operator/GCP: _____ GL / COA No. _____
(please provide complete registered name) PTH No. (For GCP): _____

Gaming Venue / Live Gaming Studio Set-up:

(as reflected in the license / accreditation certificate)

Game Offering: _____

Date of Implementation _____

If a Supplier is involved in this notification, please fill up the following:

Name of Supplier: _____

Supplier's Enrollment No: _____

Supplier's Permit to Possess No.: _____

SECTION A: GENERAL INSTRUCTIONS (TO BE PROVIDED BY OPERATOR / GCP)

A. GAMING EQUIPMENT FOR TRANSFER

This is to request approval to pull out and transfer:

(Put an [x] mark on any of the following)

- | | |
|--|--|
| ☐ Gaming Machine(s)/Terminal(s) | ☐ Chips/Plaques |
| ☐ Gaming Machine(s)/Terminal Assembly Parts/Peripherals | ☐ Bill Validator(s)/Acceptor(s) |
| ☐ Bingo Gaming System(s) | ☐ Electronic Bingo Card Daubers |
| ☐ Bingo System Component Part (s)/Paraphernalia | ☐ Game Conversion Kit(s) |
| ☐ Gaming Table(s) | ☐ Others _____ |
| ☐ Table Layout(s) | |

(Please accomplish and submit attached inventory List of Gaming Equipment for Transfer)

B. FROM (Origin of gaming equipment) : _____

C. TO (Destination of gaming equipment) : _____

D. REASON FOR TRANSFER OF GAMING EQUIPMENT: _____

We confirm and undertake to do the following:

- New gaming machine along with its new game/s must undergo a prior evaluation and approval by the Electronic Gaming Licensing Department (EGLD), before it can be transferred from a gaming venue / live gaming studio set-up to another location or vice versa.
- If the transfer of gaming machines, systems, and other gaming equipment and paraphernalia involves a Supplier:
 - For gaming venues, the Supplier must be registered with PAGCOR and accredited by the Operator; and
 - For live gaming studio set-ups, the Supplier must be registered with PAGCOR.
- Transfer of Instant Game tickets shall be supported at all times by Commercial Invoice and Delivery Receipts (DRs).

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- d. A log report of all gaming equipment transferred to/from the gaming venue / live gaming studio set-up shall be prepared and maintained, which shall be made available to CMED at any time as deemed necessary by the concerned department.
- e. The conduct of transfer of gaming equipment is compliant with the applicable provisions set forth under the existing Regulatory Frameworks.
- f. Transfer notification form due to increase or decrease in the number of gaming machines or terminals in gaming venue / live gaming studio set-up or on account of an approved addition, removal, or conversion of game offering, must have a corresponding Gaming Terminal Expansion/ Reduction Notification Form (EG Form No. 8) or approved Brand Request and Approval Form (EG Form No. 7) duly acknowledged by EGLD, respectively. This shall not be applicable if movement is due to replacement of machine/s.

Printed Name: _____ Signature: _____
(Authorized Representative)

Position Title: _____ Date: _____

Request for transfer of gaming equipment should be accompanied by Confirmation of Accountability duly filled up and signed by receiving Operator/ GCP / Supplier. Requesting Operator/GCP should request the receiving Operator/GCP/Supplier to accomplish Section B of this form.

SECTION B: CONFORMATION OF ACCOUNTABILITY (TO BE FILLED UP BY THE CONCERNED GCP / OPERATOR / SUPPLIER)

_____ hereby ASSUMES RESPONSIBILITY / ACCOUNTABILITY for
(Name of Receiving Party)
the abovementioned items.

Further, our gaming venue / warehouse / live gaming studio set-up is available for PAGCOR inspection and inventory of gaming machines, equipment and/or paraphernalia at any time that may be deemed necessary by PAGCOR.

By: Printed Name: _____ Signature: _____
(Authorized Signatory of Receiving Party)

Position Title: _____ Date: _____

SECTION C: SUBMISSION INSTRUCTIONS

Once Sections A and B are completed, please submit this form to CMED or, along with the necessary attachments. Hard copies may be submitted directly to CMED office or scanned copies of the documents may be emailed using the e-mail address indicated below:

Compliance and Enforcement Department
Philippines Amusement and Gaming Corporation
PAGCOR Corporate Office, 6th Floor, MET LIVE BUILDING
Central Business Park 1-A, Macapagal Boulevard cor EDSA
Extension, Pasay City 1300
Tel. Nos. (+632) 8522-0299 / 8522-1357 / 8522-1245 / 8522 - 1324
Local 5186 (Bingo Games) Local 2404 (Electronic (eCasino) Games)

E-mail addresses:
Bingo Venues
•NCR & Luzon – cmcd-ig.bmd.gsforms@pagcor.ph
•Visayas – cmcd-ig.bmd.gsformsvis@pagcor.ph
•Mindanao – cmcd-ig.bmd.gsformsmin@pagcor.ph

E-mail address: (Electronic Games/Sports Betting/
Specialty Games/Numeric Games)
onlinegaming.forms@pagcor.ph

If submission of this notification form is done through e-mail, the Operator/GCP should ensure that it has been duly received and acknowledged by CMED. The Operator/GCP shall be notified through e-mail confirming receipt of this notification form. If no email confirmation is received, the Operator/GCP should submit the hard copy of the notification from directly to CMED, as applicable.

SECTION D : ACKNOWLEDGEMENT OF NOTIFICATION (TO BE FILLED UP CMED)

RECEIVED for PROCESSING with REFERENCE NO.: _____

By: Printed Name: _____ Signature: _____

Position Title: _____ Date: _____

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INVENTORY OF LIST OF GAMING EQUIPMENT FOR TRANSFER

NO.	MANUFACTURER	PARTICULARS*	SERIAL NO.	PAGCOR TAG NO.	REMARKS
1					
2					
3					
4					
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**Under particulars, please indicate Game Name, Brand and Model, if applicable.*

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SECTION E : ACTUAL DATE OF PULL-OUT/DELIVERY (TO BE FILLED UP CMED)

Date of Pull-Out/Delivery: _____ CMED Reference No.: _____

☐ Without Delivery

☐ With Deviation

_____ Incomplete information and/or supporting documents

_____ Other reasons, with attached report/s

By: Printed Name: _____ Signature: _____
(CMED Representative)

Position Title: _____ Date: _____