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		Revision No.	4
		Effectivity	July 12, 2023

STRICTLY CONFIDENTIAL

1. Name of Supplier:			
2. Other Business Name the Supplier has operated under (if any)			
3. Head Office / Business Address:			
4. Local Business Address (if any)			
5. Tel. No.		6. Fax No.	
7. Email Address.		8. Company Website	
9. Business Structure: Check the appropriate box as it applies to your business			
Sole Proprietorship	DTI Reg No.:	Partnership	SEC Reg No.:
	Date Issued:		Date Issued:
Corporation	SEC Reg No.:	Others	(Please specify)
	Date Issued:		
10. Name:			
11. Position or Title in the Company (e.g., board of director/secretary etc)			
12. Tel. No.		13. Fax No.	
14. Mobile No.		15. Email Address	

Authorized representative signature: _____

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16. PRODUCT/S			
Gaming Table	☐	Chips/Plaques	
Playing Cards	☐	Game Conversion kits	
Slot Machine Spare parts/ Accessories	☐	Signages	
Gaming Table Layout	☐	Casino Management System for Tables, Slots or E-bingo,	
Surveillance Equipment	☐	Bingo	
Gaming Paraphernalia	☐	Bingo Flashboard	
Slot Machine	☐	Bingo Paraphernalia	
Electronic Table Game Terminals	☐	Bingo Tickets	
Electronic Bingo Machine/Terminals	☐	Bingo Balls	
Bingo machine or console	☐	Others (Please Specify) _____	
17. Provide the name and contact information of the company you are supplying for (if applicable)			
18. Provide the name and contact information of the company you are supplying to (if applicable)			
19. List all other gaming jurisdictions with which you have applied for a certificate, registration, license, permit or other qualification that has been suspended, revoked, withdrawn. Provide the details below.			
Name of Jurisdiction	Address	Type of Qualification	Date of Issuance and Expiration
20. List all other gaming jurisdictions with which you have applied for a certificate, registration, license, permit or other qualifications that has been refused, suspended, revoked, withdrawn. Provide the details below.			
Name of Jurisdiction	Address	Type of Qualification	Reason of Action

Authorized representative signature: _____