

	SELF EXCLUSION APPLICATION FORM	Page No.	Page 1 of 1
		Form No.	GLDD-889
		Revision No.	6
		Effectivity	August 24, 2026

☐ NEW APPLICATION

☐ RE-APPLICATION

USE BLOCK LETTERS AND WRITE LEGIBLY

PERSONAL INFORMATION												
(Family Name)		(First Name)		(Middle Name)								
ID Presented		ID No:										
Date of Birth		Gender	Civil Status	Nationality								
<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		M	M	D	D	Y	Y	Y	Y	☐ Male ☐ Female		
M	M	D	D	Y	Y	Y	Y					
CONTACT INFORMATION												
Block / House No.		Floor / Unit No., Bldg.		Street								
Village / Subdivision		City		Province								
Landline		Mobile		Email Address								
Gaming establishment visited regularly:		☐ e-Games ☐ e-Bingo ☐ Sports Betting ☐ Poker Clubs ☐ Casino, pls. specify _____										
2x2 Photo		Requirements: (Please note that application with incomplete requirements may not be processed) 1. Photocopy of government-issued photo ID with signature and birthdate 2. Two (2) 2x2 colored photo → Must be clear → Taken within the last 6 months prior to application → Full-face view directly facing the camera → No facial accessory (hat, glasses, facemask, etc.) 3. If non-personal submission, selfie or video call is required for confirmation										

TERMS AND CONDITIONS

I understand the content and purpose of this Exclusion application and that the effect of this application is that an Exclusion Order will be enforced which shall exclude myself from entering all gaming establishments and sites operated and licensed / regulated by PAGCOR.

I understand that my application for Self-Exclusion will stay in force for a period of:

☐ Six (6) months

☐ One (1) year

☐ Five (5) years

I understand that this Exclusion Order is irrevocable for the first six (6) months

I understand that PAGCOR will provide my name and particulars to all gaming establishments operated and regulated by PAGCOR for the purpose of banning from playing.

I declare that the information provided in this application are true and correct.

I declare that I will hold PAGCOR harmless from any claim for damages that may be brought against PAGCOR in any proceeding in relation to this Exclusion Order.

I am aware that I shall not be eligible to collect any winnings or recover losses resulting from any gaming activity, while my exclusion period is in effect.

(Signature over Printed Name)

(Date)

-----FOR PAGCOR USE ONLY-----

RECEIVED/VERIFIED BY	CHECKED BY:	PROCESSED BY:
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(Signature over Printed Name/Date)

(Signature over Printed Name/Date)

(Signature over Printed Name/Date)