

	TEMPORARY SUSPENSION OF OPERATIONS FORM Remote Games	Page No.	Page 1 of 3
		Form No.	EGLD - 422
		Rev. No.	9
		Effectivity	December 17, 2025

EG Form No. 6

CMED/EGLD Reference No.: _____

- Submit this form to request approval from/notify PAGCOR of the intended suspension of operations of Operator's gaming venue and/or Game Offering, GCP/DCSP, Live Studio's electronic gaming system, to wit:
 - Operator / GSA to request approval from Electronic Gaming Licensing Department (EGLD) at least fifteen (15) business days prior to the intended temporary suspension of operations, except during holidays.
 - Operator / GSA to notify EGLD within ten (10) business days from the occurrence of temporary suspension of operations, stating the reason/s and expected duration for the same, due to unavoidable reasons e.g. force majeure, LGU concerns, labor problems, etc.
 - Operator to notify Compliance Monitoring and Enforcement Department (CMED) at least one (1) business day prior to the intended temporary suspension of operations during holidays (e.g. Maundy Thursday, All Saints' Day, Christmas Day, etc.)
 - The duration must not exceed ninety (90) days. In case the duration of the suspension of operations exceeds nine (90) days, the same must first be approved by EGLD prior to implementation and is subject to an Extension Fee as prescribed in the Regulatory Framework for Fees and Rates on Gaming Venue Operations.
- The suspension of operations initiated by the Operator or due to a change in location, must request approval from EGLD prior to its intended date of suspension of operations or closure of gaming venue, stating the reason/s and duration for the same. In cases wherein the operator filed for TSO for reasons due to change in location initiated by its Lessor, the duration of allowable suspension must not exceed ninety (90) days. The Operator must ensure to secure approval of its application for change in location within this period.
- The suspension must first be approved by or notified to PAGCOR, as the case may be, prior to implementation; otherwise, it will be considered unauthorized suspension of operations.
- Failure to resume operations within thirty (30) days after the approved temporary suspension of operation date, may lead to the permanent closure of the gaming venue and revocation of the Gaming License.
- All submissions with incomplete information shall not be processed. Cut-off for submission of requests/notifications shall be 4:00 P.M.

PLEASE ALLOW FIVE (5) BUSINESS DAYS FROM THE SUBMISSION OF COMPLETE INFORMATION FOR EGLD TO PROCESS YOUR REQUEST FOR APPROVAL

SECTION A: REQUEST / NOTIFICATION DETAILS (TO BE PROVIDED BY OPERATOR / SERVICE PROVIDER)

Name of Operator/Service Provider: _____ GL/Accreditation No.: _____
(As reflected in the license)

Gaming Venue/Office Address: _____
(As reflected in the license)

Existing Game Offering/s of the Venue _____

Request for: ☐ Full Suspension (entire operations) ☐ Partial Suspension (specific game offering/s only)

For partial suspension, pls. indicate specific game offering/s to be suspended:

Game Offering/s: _____

Brand / Service Provider/s (as applicable): _____

Date of Implementation:

Duration: From: _____ To: _____ No. of days: _____

Name of Holiday/ Reason for suspension: _____

Printed Name: _____
(Authorized Representative)

Position Title: _____

Signature: _____

Date: _____

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SECTION B: SUBMISSION INSTRUCTIONS

Once Section A is completed, please submit this form to CMED or EGLD, as applicable, along with the necessary attachments. Hard copies may be submitted directly to CMED / EGLD office or scanned copies of the documents may be emailed using the e-mail addresses indicated below:

A. Compliance Monitoring and Enforcement Department
Philippine 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) local 2404 [Electronic (eCasino) Games]

E-mail addresses:

Bingo Venues

NCR & Luzon – cmcd-ig.bmd-gsformsuz@pagcor.ph

Visayas – cmcd-ig.bmd-gsformsvis@pagcor.ph

Mindanao – cmcd-ig.bmd-gsformsmin@pagcor.ph

Electronic (eCasino)/Sports Betting/Specialty

Games/Numeric Games Venues

onlinegaming.forms@pagcor.ph

B. Electronic Gaming Licensing Department
Philippine Amusement and Gaming Corporation
PAGCOR Corporate Office 10th Floor MET LIVE BUILDING
Central Business Park 1-A Macapagal
Boulevard cor EDSA Extension, Pasay City 1300
Tel. Nos. (+632) 8522-0299 Local 1569

E-mail addresses:

eGaming_Forms@pagcor.ph

If submission of this form is done through e-mail, the Operator/Service Provider should ensure that it has been duly received and acknowledged by CMED or EGLD, as applicable. For notifications, the Operator/Service Provider shall be notified through e-mail confirming receipt of this form. If no e-mail confirmation is received, the Operator/Service Provider should submit the hard copy of the form directly to CMED or EGLD, as applicable.

SECTION C: ACKNOWLEDGEMENT OF NOTIFICATION / REJECTION OF REQUEST

(TO BE FILLED UP BY CMED OR EGLD, AS THE CASE MAY BE)

Request for temporary suspension of operations is:

☐ **REJECTED** due to insufficient details / for reasons deemed unacceptable/ late filing/
day/s covered by notification is/are not holiday

☐ **RECEIVED FOR PROCESSING AND EVALUATION**

Notification for temporary suspension of operations is:

☐ **REJECTED** due to insufficient details / for reasons deemed unacceptable / late filing

☐ **RECEIVED FOR ACKNOWLEDGEMENT**

By: Printed Name: _____

Signature: _____

Position Title: _____

Date: _____

Noted by:

Sr. Regulatory Officer

SECTION D: APPROVAL OF REQUEST (TO BE FILLED UP BY EGLD)

☐ **RECOMMENDED FOR APPROVAL** – subject to the condition/s set under **Remarks** below, if any

By: Printed Name: _____

Signature: _____

Position Title: _____

Date: _____

Approved by:

Assistant Vice President

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SECTION E: NOTICE OF RESUMPTION OF OPERATIONS

(TO BE FILLED UP BY OPERATOR / SERVICE PROVIDER UPON RESUMPTION OF OPERATIONS)

☐ **As scheduled**

☐ **Beyond the scheduled Resumption Date**

Date of Resumption of Operations: _____

By: Printed Name: _____

Signature: _____

Position Title: _____

Date: _____

REMARKS
