

	REGULAR BACCARAT TOURNAMENT FORM	Page No.	Page 1 of 2
		Form No.	GLDD – 969
		Revision No.	6
		Effectivity	Aug. 20, 2025

CRM FORM NO. 9

Use this form to request approval from or notify PAGCOR regarding the conduct of a regular Baccarat Tournament, to wit:

- a) *For all proposed regular Baccarat Tournaments, the Licensee shall request approval from PAGCOR **at least fifteen (15) business days** prior to implementation date.*
- b) *For a regular Baccarat Tournament with the same terms and conditions as a previously approved tournament, the Licensee only needs to notify PAGCOR of the intended regular Baccarat Tournament **at least one (1) business day** prior to implementation date.*

All requests for approval with incomplete information and/or attachment/s shall not be processed.

PLEASE NOTE THAT PAGCOR RESERVES THE RIGHT TO CONDUCT POST-AUDIT OF THE BACCARAT TOURNAMENT.

Licensee : _____

Name of Casino: _____ Date : _____

Title of Baccarat Tournament: _____

Period Covered: _____

SECTION A: PROPOSED REGULAR BACCARAT TOURNAMENT (TO BE PROVIDED BY LICENSEE)

- ☐ A. Request for approval of proposed regular Baccarat Tournament with accompanying IRG attached as Annex ____
- ☐ B. Notification of regular Baccarat Tournament with the same terms and conditions as a previously approved tournament; accompanying IRG attached as Annex ____

This is also to certify that the attached IRG of the said regular Baccarat Tournament is consistent with PAGCOR's prescribed standard format and contains the following details:

- | | |
|---|---|
| a. Project Title and Venue | h. Buy-ins, Re-buys and other sources of Sales |
| b. Date/Period Covered | i. Tournament Location (pit location / table no.) |
| c. Tournament Objectives | j. Mechanics and dates for eliminations to finals |
| d. Tournament Description | k. Tournament Rules and Regulations |
| e. Eligibility Criteria of Participants | l. Betting Limits |
| f. How to Join the Tournament | m. Prizes (details and amount) |
| g. Registration Times and Location | n. Irregularities and Resolution |

We confirm and undertake to do the following:

- Conduct of a regular Baccarat Tournament is compliant with other conditions stated under Regulation 3 Section 16 (b) of the Casino Regulatory Manual for Licensed Land-Based Casinos.
- The regular Baccarat Tournament shall be carried out in close coordination with the Casino Compliance Monitoring and Enforcement Department – Integrated Resorts (CMED-IR) and the PAGCOR Monitoring Team (PMT).

Name of Requestor: _____ Position Title : _____

Signature : _____ Date: _____

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SECTION B: SUBMISSION INSTRUCTIONS

Once Section A is completed, please submit this form to GLDD via the PAGCOR Enterprise Content Management System (ECMS) which may be accessed through the following URL: www.ecms.pagcor.ph together with the IRG of said regular Baccarat Tournament.

If submission of this form is done through the ECMS, an e-mail notification confirming receipt shall be received. The status of the application can be viewed and monitored through the online account created using the same system. Operator can also download and print the acknowledgment generated as proof of submission.

If no e-mail notification is received, the Operator may inquire from the Gaming Licensing & Development Department through the contact details:

Tel. No. (+632)8522-0299/8522-1357/8522-1324 (Local 1148)

SECTION C: ACTION TAKEN (TO BE FILLED OUT BY GLDD)

☐ **A. RECEIVED with Reference No.:** _____ *(applicable only to submission involving notification as per Item B of Section A above)*

☐ **B. RETURNED** due to incomplete tournament details

☐ **C. RECEIVED FOR PROCESSING with assigned Reference No.** _____

By: Printed Name: _____ Signature: _____
Position Title: _____ Date: _____

☐ **D. RECOMMENDATION FOR APPROVAL** subject to the following:

1. Conduct of regular baccarat tournament shall be coordinated with the CMED-IR and the PMT.
2. The Licensee shall not directly poach on another licensee's or PAGCOR's customers by actively enticing or transporting them to the Licensee's casino.
3. Please see the **REMARKS** below for additional conditions.

By: Printed Name: _____ Signature: _____
Position Title: _____ Date: _____

Approved by:

Senior Manager, CLRD

REMARKS