

	AUTHORIZED SIGNATORY WITH SPECIMEN SIGNATURE AND CONTACT INFORMATION	Page No.	Page 1 of 2
		Form No.	EGLD-1310
		Revision. No.	5
		Effectivity	February 13, 2024

☐ **LICENSED OPERATORS**
☐ **SERVICE PROVIDERS**
☐ **LICENSED CASINOS**

Corporation Name : _____
Registered / Main Office Address : _____
Trade Name / Gaming Venue Name : _____
Game Offering : _____

CONTACT INFORMATION	
<u>Telephone / Mobile Nos.:</u>	<u>Official E-mail Address/es:</u>
(1) _____	(1) _____
(2) _____	(2) _____

AUTHORIZED REPRESENTATIVES AND SIGNATORIES
<i>For multiple gaming venues with different authorized/alternate signatories and representatives per gaming venue, pls use Schedule 1 (Put N/A if not applicable)</i>

1. Authorized / Alternate Signatory/ies

Name	Position	Specimen Signature

2. Authorized Signatory/ies (EG Forms)

Name	Position	Specimen Signature

3. Authorized Person/s to Transact with PAGCOR

Name	Position	Contact / Mobile Nos.

☐ I have read, understood, and consented to PAGCOR's [Privacy Notice](#) and [Privacy Policy](#).

I hereby certify that the foregoing Officers of the Corporation as indicated above are authorized to act, sign, execute, and/or deliver any and all documents, instruments, for and in behalf of the Corporation.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____ at _____.

CORPORATE SECRETARY

SUBSCRIBED AND SWORN to before me this _____ day of _____ by affiant who exhibited to me his/her _____.

(Valid Government-issued ID)

Doc No. _____
 Page No. _____
 Book No. _____
 Series of _____

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Schedule 1

Corporation Name : _____

LIST OF GAMING VENUES

Additionally, fill-up this form for Operators with multiple gaming venues which have designated various authorized signatories and/or representatives for each gaming venue:

Gaming Venue Name and Venue Address	Authorized Signatories (Correspondences)	Authorized Signatories (Operational Request/ EG Form)	Authorized to Transact with PAGCOR	Contact Information
1.	Name/Position:	Name/Position:		Tel / Mobile Nos.:
	Specimen Signature:	Specimen Signature:		Email:
2.	Name/Position:	Name/Position:		Tel / Mobile Nos.:
	Specimen Signature:	Specimen Signature:		Email:
3.	Name/Position:	Name/Position:		Tel / Mobile Nos.:
	Specimen Signature:	Specimen Signature:		Email:
4.	Name/Position:	Name/Position:		Tel / Mobile Nos.:
	Specimen Signature:	Specimen Signature:		Email:
5.	Name/Position:	Name/Position:		Tel / Mobile Nos.:
	Specimen Signature:	Specimen Signature:		Email:

**repeatedly use this page for additional gaming venues*