

	GAME CONVERSION/ CHANGE IN PARAMETER SETTINGS NOTIFICATION FORM	Page No.	Page 1 of 1
		Form No.	EGLD - 427
		Rev. No.	4
		Effectivity	August 17, 2023

GS Form No. 10
CMED Reference No.: _____

Use this form to notify Compliance Monitoring and Enforcement Department (CMED) regarding game conversion or change in parameter settings in gaming machines/terminals at PAGCOR-approved gaming site. Please accomplish this form by providing correct and complete information. The Operator shall submit this form to CMED at least **one (1) business day** prior to intended date of implementation. Cut-off for submission of notifications shall be 4:00 P.M.

PLEASE NOTE THAT PAGCOR RESERVES THE RIGHT TO CONDUCT POST-AUDIT OF THE GAME CONVERSION OR CHANGE IN PARAMETER SETTINGS OF GAMING MACHINES OR TERMINALS IN THE PAGCOR-APPROVED GAMING SITES.

Name of Operator: _____ GL No.: _____
(As reflected in the license)

Gaming Site Location: _____
(As reflected in the license)

Type of Game Offering: _____ Date of Implementation: _____

SECTION A: PROPOSED GAME CONVERSION/CHANGE IN PARAMETER SETTINGS (TO BE PROVIDED BY OPERATOR)

Please be informed of the game conversion or change in parameter settings in gaming machine/s at the above gaming site, as detailed below:

☐ GAME CONVERSION ☐ CHANGE IN PARAMETER SETTINGS

Manufacturer/Supplier: _____

Machine/ Terminal No.	Serial No.	PAGCOR Tag No.	Game Name		Parameter Settings to be Changed	
			From	To	From	To

(Note: Please use additional sheet/s if the space provided above is not sufficient.)

We confirm and undertake to do the following:

- The total return-to-player (RTP) percentage of each game is within the prescribed range set forth in the corresponding Gaming Site Regulatory Manual (GSRM) version 3.0 for Electronic or Bingo Games, as amended.
- The Operator warrants that the new game/s of each machine/terminal is consistent with the game/s duly approved by EGLD for deployment/activation at gaming sites.
- Testing shall be conducted on the electronic gaming machine in order to ensure that actual machine/terminal settings will reflect above parameters settings and machine/terminal transactions are captured by the electronic gaming system. Testing shall be conducted based on a test script which shall be prepared by the Operator. The results of the test should be favorable prior to commercial operation of the electronic gaming machines/terminals. Testing results shall be kept by the Operator, which shall be made available upon request by CMED or EGLD.
- Any losses resulting from deviation to the above parameter settings shall be solely shouldered by the Operator.

Printed Name: _____ Signature: _____
(Authorized Representative)

Position Title: _____ Date: _____

SECTION B: SUBMISSION INSTRUCTIONS

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

Compliance Monitoring and Enforcement Department
Philippine Amusement and Gaming Corporation
PAGCOR Main Corporate Office, 12th Floor, iMET BPO Tower,
CBP-1A Metropolitan Park, Roxas Boulevard, Pasay City 1300
Tel. Nos. (+632) 8522-0299 / 8522-1357 / 8522-1245 / 8522-1324
Local 5186 (Bingo Games) Local 2404 (Electronic Games)

E-mail addresses: (Bingo Games)
NCR & Luzon – cmcd-ig.bmd-gsformsuz@pagcor.ph
Visayas – cmcd-ig.bmd-gsformsvis@pagcor.ph
Mindanao – cmcd-ig.bmd-gsformsmin@pagcor.ph
E-mail address: (Electronic Games)
igaming.monitoring@pagcor.ph

If submission of this notification form is done thru e-mail, the Operator should ensure that it has been duly received and acknowledged by CMED. The Operator shall be notified by CMED thru e-mail confirming receipt of this notification form. If no e-mail confirmation is received from CMED, the Operator should submit the hard copy of the notification form directly to CMED.

SECTION C: ACKNOWLEDGEMENT OF NOTIFICATION (TO BE FILLED UP BY CMED)

☐ RECEIVED with REFERENCE NO.: _____

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