



FAMILY EXCLUSION APPLICATION FORM

Page No.	Page 1 of 1
Form No.	GLDD-890
Revision No.	6
Effectivity	August 24, 2026

☐ NEW APPLICATION

☐ RE-APPLICATION

USE BLOCK LETTERS AND WRITE LEGIBLY

INFORMATION ON APPLICANT (family member making request)									
(Family Name)			(First Name)			(Middle Name)			
ID Presented			ID No:						
Date of Birth			Gender		Relationship	Parent	Child	Spouse	
☐ Male ☐ Female			Civil Status		Nationality				
☐ Male ☐ Female									
Block / House No.			Floor / Unit No., Bldg.		Street				
Village / Subdivision			City		Province				
Landline			Mobile		Email Address				
INFORMATION ON RESPONDENT (person to be excluded)									
(Family Name)			(First Name)			(Middle Name)			
ID Presented			ID No:						
Date of Birth			Gender		Civil Status		Nationality		
☐ Male ☐ Female									
Block / House No.			Floor / Unit No., Bldg.		Street				
Village / Subdivision			City		Province				
Landline			Mobile		Email Address				
Gaming establishment visited regularly:			☐ e-Games ☐ Poker Clubs		☐ e-Bingo ☐ Casino, pls. specify _____		☐ Sports Betting		
2x2 Photo			Requirements: (Please note that application with incomplete requirements may not be processed)						
			1. Photocopies of supporting documents, as applicable						
			<i>If applicant is the parent:</i> - Government photo ID of respondent <u>with signature and birthdate</u> - Birth certificate of respondent - Government photo ID of applicant <u>with signature and birthdate</u>		<i>If applicant is the spouse:</i> - Government photo ID of respondent <u>with signature and birthdate</u> - Marriage contract/certificate - Government photo ID of applicant <u>with signature and birthdate</u>		<i>If applicant is the child:</i> - Government photo ID of respondent <u>with signature and birthdate</u> - Government ID or school ID with photo of applicant <u>with signature</u> - Birth certificate of applicant		
			2. Two (2) 2x2 colored photo of person requested to be excluded - 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 my relative from entering all gaming establishments and sites operated and licensed / regulated by PAGCOR.

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

☐ Six (6) months

☐ One (1) year

☐ Three (3) years

I understand that PAGCOR will provide my relative's 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 by my excluded relative in any proceeding in relation to this Exclusion Order.

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

(Signature over Printed Name)

(Date)

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

RECEIVED/VERIFIED BY

CHECKED BY:

PROCESSED BY:

(Signature over Printed Name/Date)

(Signature over Printed Name/Date)

(Signature over Printed Name/Date)