

	CASINO LAYOUT PLAN FORM	Page No.	Page 1 of 2
		Form No.	GLDD – 959
		Revision No.	0
		Effectivity	September 1, 2019

CRM FORM NO. 1

Use this form to request approval from and notify PAGCOR regarding casino layout plan, to wit:

a) For submission of initial/original casino layout plan, the Licensee shall request approval from PAGCOR **at least fifteen (15) business days** prior to intended date of implementation.

b) For modifications to the previously approved casino layout, the Licensee only needs to notify PAGCOR of the intended modification **at least one (1) business day** prior to intended date of implementation.

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 CASINO LAYOUT PLAN.

Licensee : _____

Name of Casino : _____ Date : _____

Date of Implementation : _____

Check the applicable box. For submission of the initial/original casino layout plan, fill up Item A of Section A. For modifications to the previous submission of the casino layout plan, fill up Item B of Section A.

SECTION A: CASINO LAYOUT PLAN (TO BE PROVIDED BY LICENSEE)

A. Request for approval of proposed casino layout plan with corresponding camera layout showing the location of gaming tables, electronic gaming machines and ancillary areas, attached as Annexes ___ and ___.

First Submission Second Submission Third Submission

This is to certify and confirm the following:

- 1.) That, the attached casino layout plan is compliant with Regulation 2 of the Casino Regulatory Manual which plan indicates the following minimum requirements:
 - a. Boundaries of the casino premises
 - b. Designated gaming areas within the casino premises specifying the size of each area and the placement of gaming tables and EGMs
 - c. Designation of each gaming area according to the following types:
 - Non-high Roller
 - High Roller
 - Junket
 - d. Quantity of the following:
 - Non-high Roller Tables
 - High Roller Tables
 - Junket Tables
 - EGMs
 - e. Each ancillary area within the casino premises
 - f. All entrances to and exits from the casino premises; and

- 2.) That, the attached camera layout plan is compliant with the requirements prescribed in Regulation 7 of the Casino Regulatory Manual.

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B. Notification of change in casino layout plan with corresponding camera layout showing the new location of gaming tables, electronic gaming machines and ancillary areas, attached as Annexes ___ and ___.

First Submission Second Submission Third Submission

This is to certify and confirm the following:

- 1.) That, the revised casino layout plan is compliant with the requirements prescribed in Regulation 2 of the Casino Regulatory Manual; and
- 2.) That, the attached revised camera layout plan is compliant with the requirements prescribed in Regulation 7 of the Casino Regulatory Manual.

Name of Requestor: _____ **Signature:** _____
Position Title: _____ **Date:** _____

SECTION B: SUBMISSION INSTRUCTION

Once you have completed Section A above, please submit this form to GLDD together with the floor and camera layout plans. Hard copies can be submitted directly to the GLDD office or scanned copies of the documents may be emailed using the e-mail address of the concerned licensed casino indicated below:

Gaming Licensing and Development Department
 Philippine Amusement and Gaming Corporation
 12th Floor, iMET BPO Tower, CBP-1A Metropolitan Park, Roxas Blvd, Pasay City
 Tel. No. (02) 755-3199 / 755-3299 / 755-3999

E-mail addresses: gldd_resortsworldmanila@pagcor.ph / gldd_widuscasino@pagcor.ph
 gldd_bloomberryresorts@pagcor.ph / gldd_fiestacasino@pagcor.ph

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

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

A. RETURNED due to incomplete information and/or attachment/s

B. RECEIVED with REFERENCE NO. _____

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

C. RECOMMENDATION FOR APPROVAL

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

Approved by:

ANGELINE P. PAPICA-ENTIENZA
 Assistant Vice President