



SHIP-OUT CLEARANCE REQUEST AND APPROVAL FORM

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Form No.	GLDD - 982
Revision No.	0
Effectivity	September 1, 2019

CRM FORM NO. 22

Use this form to request clearance from PAGCOR to ship-out gaming equipment and/or paraphernalia from the casino. Only requests with correct and complete information and complete documentary requirements will be processed. Failure to provide correct and complete information could result in rejection of processing this request.

PLEASE ALLOW FOURTEEN (14) BUSINESS DAYS FOR GLDD TO PROCESS YOUR REQUEST

Name of Licensee: _____

Casino Location: _____

SECTION A: SHIP-OUT CLEARANCE REQUEST (TO BE FILLED UP BY LICENSEE)

This is to request approval to ship-out:
(Put an [X] mark on any of the following)

- | | |
|--|---|
| <input type="checkbox"/> Gaming Table(s) | <input type="checkbox"/> Slot Machine(s) |
| <input type="checkbox"/> Playing Card(s) | <input type="checkbox"/> Electronic Table Game(s) |
| <input type="checkbox"/> Slot Spare Part(s) | <input type="checkbox"/> Chips/Plaques |
| <input type="checkbox"/> Table Layout(s) | <input type="checkbox"/> Game Conversion Kit(s) |
| <input type="checkbox"/> Surveillance Equipment | <input type="checkbox"/> Slot Machine Signage(s) |
| <input type="checkbox"/> Gaming Paraphernalia | <input type="checkbox"/> Other Gaming Equipment |
| <input type="checkbox"/> Bill Validator/Acceptor | <input type="checkbox"/> Table & Slot Management System |
| <input type="checkbox"/> Others _____ | |

Expected date of ship-out: _____

Reason for ship-out: _____

Mode of ship-out (i.e., by air or by sea): _____

Port of exit: _____

Name of recipient: _____

Destination/Address of recipient: _____

- Reference importation documents: (Put an [X] mark on any of the ff.)
- Commercial Invoice No. _____
- Pro-forma Invoice No. _____
- Quote No. _____

- Reference documents of items for ship-out:
- Inventory List of Items for Ship-out attached as Annex A (format attached)
- Packing List attached as Annex B

Name of Customs Broker: _____

Contact Number: _____

By:

Licensee's Authorized Signatory
(Signature Over Printed Name)

Date



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SECTION B: SUBMISSION INSTRUCTIONS

Once Section A is completed, please submit this form to GLDD together with supporting ship-out documents. Hard copies may be submitted directly to the GLDD office or scanned copies 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,
Tel. No. 755-3199/755-3999
E-mail addresses: gldd_resortsworldmanila@pagcor.ph / gldd_widuscasino@pagcor.ph
gldd_oxfordprincesscasino@pagcor.ph / gldd_fontanacasinop@pagcor.ph
gldd_casablancacasinop@pagcor.ph / gldd_bloomberryresorts@pagcor.ph
gldd_fiestacasinop@pagcor.ph

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

Ship-out clearance request is:

- A. RETURNED** due to the following reasons:
 - Incomplete information and/or supporting ship-out documents
 - Incorrect information vis-à-vis supporting ship-out documents
- B. RECEIVED FOR PROCESSING** with assigned **REFERENCE NO.** _____
 By: Printed Name: _____ Signature: _____
 Position Title: _____ Date: _____
- C. RECOMMENDATION FOR APPROVAL** subject to the conduct of inspection and inventory by the Compliance Monitoring and Enforcement Department prior to ship-out of gaming equipment indicated above.
 By: Printed Name: _____ Signature: _____
 Position Title: _____ Date: _____

Verified By:

Approved By:

ROWENA M. ALCAIDE
Senior Manager, CLRD, GLDD

ANGELINE P. PAPICA-ENTIENZA
Assistant Vice President

For endorsement to the following department/s

INSPECTION AND INVENTORY OF SUBJECT ITEM/S FOR SHIP-OUT

T O: THE ASST. VICE PRESIDENT, CMED

Request to conduct an inspection and inventory of the approved item/s prior to ship-out.



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REQUIRED DOCUMENTATION OF SUBJECT ITEM/S FOR SHIP-OUT

T O: THE ASSISTANT VICE PRESIDENT, PPD

Request to coordinate with the Licensee on the documentation that may be needed for the ship-out of the subject item/s.

Licensee's Contact Person: _____ Telephone No.: _____

