



GAMING TABLES RE-DESIGNATION NOTIFICATION FORM

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Form No.	GLDD - 962
Revision No.	0
Effectivity	September 1, 2019

CRM FORM NO. 4

(FOR PAGCOR PRE-APPROVED GAMING TABLES ONLY)

Use this form to notify the PAGCOR Monitoring Team (PMT) regarding re-designation of gaming tables installed in the casino subject to the approved table caps. Please accomplish this form by providing correct and complete information. The Licensee shall submit this form to the PMT prior to re-designation.

PLEASE NOTE THAT PAGCOR RESERVES THE RIGHT TO CONDUCT POST-AUDIT OF THE GAMING TABLES WHICH HAVE BEEN RE-DESIGNATED IN THE CASINO.

Licensee : _____
 Name of Casino : _____ Date : _____
 Date of Implementation : _____

SECTION A: PROPOSED RE-DESIGNATION OF GAMING TABLES (TO BE FILLED UP BY LICENSEE)

Please be informed of the re-designation of the following gaming tables in the casino:

TOTAL BEFORE RE-DESIGNATION													
Particulars		Maximum No. of Tables Allowed		Actual No. of Tables Installed		% to Total Gaming Tables Installed		Allowable % to Total Gaming Tables		Allowed Table Cap % to Total Non-Junket Tables		Allowed Table Cap % to Total Gaming Tables	
Bonus Gaming Tables								NA					
Total Gaming Tables								100%				100%	
(a) Regular Junket Tables								0%-25%				Max 25%	
(b) Non-Junket Tables								75%-100%				Min 75%	
- High Roller Tables								0%-25%		Max 25%			
- Non-high Roller Tables								56.25%-100%		Min 75%			
INCREASE/(DECREASE) DUE TO PROPOSED RE-DESIGNATION													
FROM HIGH ROLLER TO NON-HIGH ROLLER		FROM NON-HIGH ROLLER TO HIGH ROLLER		FROM JUNKET TO HIGH ROLLER		FROM HIGH ROLLER TO JUNKET		FROM JUNKET TO NON-HIGH ROLLER		FROM NON-HIGH ROLLER TO JUNKET			
Pit No.	Table No.	Pit No.	Table No.	Pit No.	Table No.	Pit No.	Table No.	Pit No.	Table No.	Pit No.	Table No.	Pit No.	Table No.
Total		Total		Total		Total		Total		Total		Total	
TOTAL AFTER RE-DESIGNATION													
Particulars		Maximum No. of Tables Allowed		Actual No. of Tables Installed		% to Total Gaming Tables Installed		Allowable % to Total Gaming Tables		Allowed Table Cap % to Total Non-Junket Tables		Allowed Table Cap % to Total Gaming Tables	
Bonus Gaming Tables								NA					
Total Gaming Tables								100%				100%	
(c) Regular Junket Tables								0%-25%				Max 25%	
(d) Non-Junket Tables								75%-100%				Min 75%	
- High Roller Tables								0%-25%		Max 25%			
- Non-high Roller Tables								56.25%-100%		Min 75%			

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

We confirm and undertake to do the following:

- That the proposed re-designation complies with the gaming table caps on the junket, non-high roller and high roller tables stated in Regulation 3 Section 3 of the Casino Regulatory Manual (CRM).
- Pre-approved game mechanics and betting limits shall apply for each gaming table to be re-designated.
- Standard procedures on table opening and closing as well as drop box change shall apply for each gaming table to be re-designated.
- The abovementioned undertakings shall be carried out in close coordination with the Compliance Monitoring and Enforcement Department (CMED) and the PMT.



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

SECTION B: SUBMISSION INSTRUCTIONS

Once Section A is completed, please submit this form to the PMT. Hard copies may be submitted directly to the PMT office. If submission of this notification form is done thru e-mail, the Licensee should ensure that it has been duly received and acknowledged by PMT. The Licensee shall be notified by the PMT thru e-mail confirming receipt of this notification form. If no e-mail confirmation is received from the PMT, the Licensee should submit the notification form's hard copy directly to the PMT.

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

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

SECTION D: WITNESSING OF TABLE CLOSING AND OPENING AND DROP BOX CHANGE (TO BE FILLED UP BY PMT)

This is to certify that the procedures on table closing and opening as well as drop box change were done in accordance with the guidelines in Regulation 16 of the CRM as witnessed by PMT representative/s.

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

Upon accomplishment of Sections C and D of this Gaming Table Re-designation Form, the PMT shall furnish GLDD a copy of this Form together with the Table Inventory Forms via e-mail to the following e-mail addresses:

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

The PMT shall ensure that the Gaming Table Re-designation Form has been duly received and acknowledged by GLDD. The PMT shall be notified by GLDD thru e-mail confirming receipt of this Form.

SECTION E: GLDD'S ACKNOWLEDGEMENT RECEIPT (TO BE FILLED UP BY GLDD)

RECEIVED with REFERENCE NO. _____

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