



SELF EXCLUSION APPLICATION FORM

Page No.	Page 1 of 1
Form No.	GLDD-889
Revision No.	5
Effectivity	September 5, 2023

NEW APPLICATION RE-APPLICATION

USE BLOCK LETTERS

PERSONAL INFORMATION																				
(Family Name)		(First Name)		(Middle Name)																
ID Presented		ID No:																		
Date of Birth		Gender	Civil Status		Nationality															
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>										M	M	D	D	Y	Y	Y	Y	<input type="checkbox"/> Male <input type="checkbox"/> Female		
M	M	D	D	Y	Y	Y	Y													
CONTACT INFORMATION																				
Block / House No.		Floor / Unit No., Bldg.		Street																
Village / Subdivision			City																	
Landline		Mobile		Email Address																
Gaming establishment visited regularly:		<input type="checkbox"/> e-Games <input type="checkbox"/> e-Bingo <input type="checkbox"/> Sports Betting <input type="checkbox"/> Poker Clubs <input type="checkbox"/> Casino, pls. specify _____																		
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> 2x2 Photo		Attachments: 1. Photocopy of government-issued photo ID 2. One (1) 2x2 colored photo → Taken within the last 6 months prior to application → Full-face view directly facing the camera → No facial accessory (hat, glasses, facemask, etc.)																		

Please note that application with incomplete required attachments may not be processed

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 myself from entering any gaming establishment operated and regulated by PAGCOR.

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

Six (6) months One (1) year Five (5) years

I understand that this Exclusion Order is irrevocable for the first six (6)months.

I understand that PAGCOR will provide my 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 in any proceeding in relation to this Exclusion Order.

I am aware that I shall not be eligible to collect any winnings or recover losses resulting from any gaming activity, while my 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)

(Signature over Printed Name)

(Signature over Printed Name)