	INSTALLATION AND/OR OPERATION OF GAMING TABLES NOTIFICATION FORM	Page No.	Page 1 of 2
		Form No.	GLDD – 960
		Revision No.	4
		Effectivity	July 12, 2023

CRM FORM NO. 2

Use this form to notify PAGCOR regarding operation of gaming tables in the casino. Please accomplish this form by providing correct and complete information. The Licensee shall submit this form to GLDD at least **one (1) business day** prior to intended date of implementation.

PLEASE NOTE THAT PAGCOR RESERVES THE RIGHT TO CONDUCT POST-AUDIT OF THE GAMING TABLES WHICH HAVE BEEN INSTALLED AND LAUNCHED INTO OPERATION IN THE CASINO.

Licensee : HvSkd-95378

Name of Casino: _____ Date : 06/14/2024

Check the applicable box. If notification involves installation of gaming tables, fill up Item A of Section A. If notification involves launching of gaming tables into operation, fill up Item B of Section A.

SECTION A: OPERATION OF GAMING TABLES *(TO BE PROVIDED BY LICENSEE)*

☐ **A. Installation of the following gaming tables in the casino as detailed below:**

TABLE GAME	TABLE NO.	LOCATION	
		Zone	Pit

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

Gaming table capacity as per certification dated _____

Actual gaming tables installed at Table Games Area as of _____	
Approved actual poker tables installed at Poker Room Area as of _____	
TOTAL	
Additional gaming tables per this submission	
TOTAL as of _____	

Installation date: _____

Note: Please submit an updated Certification (Form 1 of Compliance Manual), in the event that total tables exceed gaming table capacity as per certification.

☐ **B. Launching of the following gaming tables in the casino as detailed below:**

GAME NAME	TABLE NO.	LOCATION		TYPE OF GAMING TABLE		
		Zone	Pit	Non-high Roller	High Roller	Junket


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

Launching date: _____

This is to certify that the stress test conducted on the above gaming tables yielded favorable results.

Signature over Printed Name

Date

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We confirm and undertake to do the following:

- A stress test shall be conducted prior to commercial operation of gaming tables in order to ensure that gross gaming revenues, potential gaming losses and shortages associated with a particular table are accurately recorded, calculated and reported in the Casino Management System (applicable to casinos utilizing an online system). Stress test shall be conducted based on a test script which shall be prepared by the Licensee;
- Proposed installation of additional gaming tables except for poker tables complies with the gaming table caps stated in Regulation 3 Section 3 of the Casino Regulatory Manual.
- Game mechanics and table limits have prior approval of GLDD.
- The abovementioned undertakings shall be carried out in close coordination with CMED and the PAGCOR Monitoring Team.

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

SECTION B: SUBMISSION INSTRUCTIONS

Once Section A is completed, please submit this form to GLDD. Hard copies may 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. (+632) 8522-0299 / 8522-1245 / 8522-1357 / 8522 – 1324

E-mail addresses: gldd_bloomberresorts@pagcor.ph / gldd_resortsworldmanila@pagcor.ph
gldd_okadamanila@pagcor.ph / gldd_codmanila@pagcor.ph
gldd_widuscasino@pagcor.ph / gldd_fiestacasino@pagcor.ph
gldd_fontanacasino@pagcor.ph / gldd_dheightscasino@pagcor.ph
gldd_midoricasino@pagcor.ph / gldd_roycecasino@pagcor.ph
gldd_fortunegatecasino@pagcor.ph / gldd_nustarcasino@pagcor.ph
gldd_winfordcasino@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: ACKNOWLEDGMENT OF NOTIFICATION (TO BE FILLED UP BY GLDD)

☐ RECEIVED with REFERENCE NO. _____

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