

## **FAMILY EXCLUSION APPLICATION FORM**

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Form No.	GLDD-890
Revision No.	0
Effectivity	August 8, 2019

(Date)

USE BLOCK LETTER	es.	NEV	W APPLICATION	N	RE-APPLICAT	TION	
Information on Ap		Member m	aking request)				
				(First Name)	(Middle Name)		
ID Presented	☐ Passpor	t 🗆	Driver's License		□ SSS □ O	thers	
Date of Birth (mm/	'dd/yyyy)	Gender			Relation to Respondent	☐ Parent ☐ Child ☐ Spouse	
		□Ma	ale □Fem	nale	Nationality		
Block / House No. Floor / Unit No., Building Name				Street			
Village/Subdivision				City			
Contact Numbers (landline and mobile)				Email			
		•			1		
Information on Re	spondent (perso	on to be exc	cluded)				
Name (Far	mily Name)			(Firs	st Name)	(Middle Name)	
		. –					
ID Presented	☐ Passpor	Y	Driver's License			thers	
Date of Birth (mm/	aa/yyyy)	Gender	ıle □Fem	ID No.			
Disab / Haves Na	The second state of	□ Ma		naie	Nationality		
Block / House No.	Floor / Unit	No., Bullain	g Name		Street		
Village/Subdivision					City		
Contact Numbers(la	andline/mobile)				Email	-1	
Gaming establish	ment e-G	iames outle	t e-Bir	ngo boi	utique Bingo	hall Sports-betting kiosk	
visited regularl	y: Pol	er club	Casir	no, pls.	specify		
Attachments:  1. Photocopies of supporting documents, as applicable  If applicant is the parent:  Photo of Respondent  If applicant is the child:  - government photo ID of respondent  - government photo ID of applicant  - government photo ID of applicant  If applicant is the child:  - government photo ID of respondent  - government ID or school ID with pho  - government photo ID of applicant  - Birth certificate of applicant  - government photo ID of the respondent  - Marriage Contract  - government photo ID of applicant						<ul> <li>government photo ID of respondent</li> <li>government ID or school ID with photo of applicant</li> </ul>	
2. One (1) recent 2x2 photo of person requested to be excluded							
			TERM	S AND	CONDITIONS		
Exclusion Order will and regulated by P.A. I understand that m	I be enforced with AGCOR. I under the application for this AGCOR will provide the provided the p	hich shall ex stand that t or Family Exc vide my rela urpose of b	cclude my relative his Exclusion Ord clusion will stay in One (1) year tive's name and anning from play	e from ler is ir n force particu ving.	e for a period of:  Three (3) years to all gaming establish	elishment operated	
I declare that the information provided in this application are true and correct.							
I declare that I will hexcluded relative in					s that may be brought aga	inst PAGCOR by my	

(Signature over Printed Name)