

## **SELF EXCLUSION APPLICATION FORM**

Effectivity	August 8, 2019
Revision No.	0
Form No.	GLDD-889
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	NEW APPLICATION	RE-APPLICATION
USE BLOCK LETTERS		
Personal Information Name (Family Name)	/ci	rst Name) (Middle Name)
Name (Family Name)	(FI	(Middle Name)
ID Presented	sport	☐ SSS ☐ Others
Date of Birth (mm/dd/yyyy)	Gender	ID No.
	ı □Male □Female	Nationality
Contact Information		reasonancy
Block / House No. Floo	or / Unit No., Building	Street
Village/Subdivision		City
Contact Numbers (landline an	nd mobile)	Email
Gaming establishment visited regularly:		boutique Bingo hall Sports-betting kiosk
visited regularly.	Poker club Casino,	pls. specify
Recent 2x2 Photo		Photocopy of government-issued photo ID     One (1) recent 2x2 photo
	TERMS AI	ND CONDITIONS
that an Exclusion Order will be	enforced which shall exclude	ication and that the effect of this application is myself from entering any gaming establishment Exclusion Order is irrevocable for the first six(6)months.
understand that my application	on for Self Exclusion will stay i	n force for a period of:
Six (6) months	One (1) year	Five (5) years
understand that PAGCOR will regulated by PAGCOR for the p		llars to all gaming establishments operated and ng.
declare that the information p	provided in this application ar	e true and correct.
I declare that I will hold PAGCC in any proceeding in relation to		r damages that may be brought against PAGCOR
(Signature over Pri	inted Name)	(Date)