



FAMILY EXCLUSION APPLICATION FORM

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Form No.	GLDD - 890
Revision No.	3
Effectivity	July 12, 2023

NEW APPLICATION RE-APPLICATION

USE BLOCK LETTERS

Information on Applicant (Family Member making request)			
Name (Family Name)		Name (First Name) (Middle Name)	
ID Presented	<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> SSS <input type="checkbox"/> Others _____		
Date of Birth (mm/dd/yyyy)	Gender	Relation to Respondent <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status	Nationality
Block / House No.	Floor / Unit No., Building Name	Street	
Village/Subdivision		City	
Contact Numbers (landline and mobile)		Email	
Information on Respondent (person to be excluded)			
Name (Family Name)		Name (First Name) (Middle Name)	
ID Presented	<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> SSS <input type="checkbox"/> Others _____		
Date of Birth (mm/dd/yyyy)	Gender	ID No.	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	
Block / House No.	Floor / Unit No., Building Name	Street	
Village/Subdivision		City	
Contact Numbers(landline/mobile)		Email	
Gaming establishment visited regularly:	<input type="checkbox"/> e-Games outlet	<input type="checkbox"/> e-Bingo boutique	<input type="checkbox"/> Bingo hall <input type="checkbox"/> Sports-betting kiosk
	<input type="checkbox"/> Poker club	<input type="checkbox"/> Casino, pls. specify	

Attachments:

1. Photocopies of supporting documents, as applicable

If applicant is the parent:

- government photo ID of respondent
- Birth certificate of respondent
- government photo ID of applicant

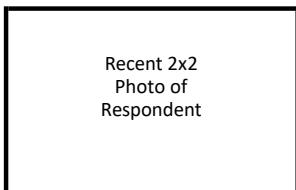
If applicant is the spouse:

- government photo ID of the respondent
- Marriage Contract
- government photo ID of applicant

If applicant is the child:

- government photo ID of respondent
- government ID or school ID with photo of applicant
- Birth certificate of applicant

2. One (1) recent 2x2 photo of person requested to be excluded



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 my relative from entering any gaming establishment operated and regulated by PAGCOR. I understand that this Exclusion Order is irrevocable.

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

Six (6) months One (1) year Three (3) years

I understand that PAGCOR will provide my relative's 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 by my excluded relative in any proceeding in relation to this Exclusion Order.

(Signature over Printed Name)

(Date)

----- FOR PAGCOR USE ONLY -----

RECEIVED/VERIFIED BY:

CHECKED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE

PROCESSED BY:

SIGNATURE OVER PRINTED NAME

DATE