

	<b>Petition to Amend the Exclusion Period</b>	Page No.	Page 1 of 1
		Form No.	GLDD - 895
		Revision No.	2
		Effectivity	July 12, 2023

*(For Self Exclusion Only)*

<b>Information on Excluded Person</b>					
Name:					
	<i>(family name)</i>	<i>(first name)</i>	<i>(middle name)</i>		
Birthdate:					Contact Number (landline/mobile)
	<i>mm/dd/yyyy</i>				
ID Presented	Passport	Driver's License	SSS	Others	ID No.
Address:					
	<i>(house no.)</i>	<i>(floor/unit no./building)</i>	<i>(street)</i>		
	<i>(village/subdivision)</i>		<i>(city/province)</i>		
Email					

**Attachment:** Photocopy of petitioner's valid government-issued ID with photo and signature

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**TERMS AND CONDITIONS:**

I appeal to amend my Exclusion Order not earlier than fifteen (15) days after receipt of this form by PAGCOR.

I am aware that this Petition is only applicable after the 6-month irrevocable period for exclusion.

I certify that the information that I have provided above are true and correct. I am aware that my signatures below constitute a revocation of my previous request for exclusion, and I authorize PAGCOR and its Licensees to reinstate my gaming privileges in all gaming establishments.

I declare that PAGCOR has the right to deny this Petition for whatsoever purpose and I will hold PAGCOR harmless from any claim for damages that may be brought against PAGCOR and its Licensees in any proceeding in relation to this Petition.

Date: \_\_\_\_\_

\_\_\_\_\_  
*(Petitioner's signature over printed name)*

\_\_\_\_\_  
*(Petitioner's signature over printed name)*

\_\_\_\_\_  
*(Petitioner's signature over printed name)*

----- 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