



PHILIPPINE CHARITY SWEEPSTAKES OFFICE

Conservatory Shaw Plaza Building, 605 Shaw Boulevard, Mandaluyong City 1552
www.pcsso.gov.ph



LETTER OF INTENT

Date

Chairman / General Manager
Philippine Charity Sweepstakes Office
Sun Plaza Bldg., 1507 Princeton St. Cor Shaw Blvd, Mandaluyong City

Sir:

Our corporation, _____, would like to signify our interest and intention to apply for authority to distribute nationwide under a non-exclusive all-in contract involving production, distribution, marketing, advertising and selling instant sweepstakes tickets on a considered sold basis and at no cost nor risk to PCSO.

Attached herewith are the documents appurtenant to this letter of intent.

Very truly yours,

Signature over Printed Name/Designation

APPLICATION FOR AUTHORITY TO DISTRIBUTE NATIONWIDE THE INSTANT SWEEPSTAKES TICKETS

IDENTIFICATION OF APPLICANT – AUTHORIZED DISTRIBUTOR (AD)			
BUSINESS NAME/NAME OF THE CORPORATION:			
TAX IDENTIFICATION NUMBER:		DATE REGISTERED WITH THE SEC OR CDA:	
COMPLETE PRINCIPAL OFFICE/BUSINESS ADDRESS: (Building, Number, Street, Barangay, City/Municipality, Province/Region, Zip Code)			
CONTACT INFORMATION	Telephone No./s:		Fax No./s:
Mobile Number/s:		Email Address:	Telex No./s:
BRANCH OFFICE ADDRESS/ES:			CONTACT NO./S:



PHILIPPINE CHARITY SWEEPSTAKES OFFICE

Conservatory Shaw Plaza Building, 605 Shaw Boulevard, Mandaluyong City 1552
www.pcsso.gov.ph



APPLICATION FOR AUTHORITY (cont.)

IDENTIFICATION OF APPLICANT – AUTHORIZED DISTRIBUTOR (AD) (con.)		
CAPITALIZATION	Authorized:	Paid-Up:
NATURE OF BUSINESS:		
TIN NUMBER:	TOTAL NUMBER OF EMPLOYEES:	

IDENTIFICATION OF APPLICANT – AUTHORIZED DISTRIBUTOR (AD)			
<u>NAME OF AUTHORIZED DISTRIBUTOR (AD) OFFICERS</u>	POSITION	NATIONALITY	CONTACT NUMBERS/S

** Please use separate sheet of needed*

UNDERTAKING

We hereby affirm that all information supplied in the above application are true and correct. We recognize and accept the authority and power of the Philippine Charity Sweepstakes Office (PCSO) or its duly designated representatives or agents to ascertain the validity and veracity of any and all information stated herein and in the attached documents supporting this application, and thus allow PCSO to verify the same and/or secure such other information as may be required, cognizant of the fact that proof of any false or misleading information supplied, shall constitute grounds for the outright rejection/disapproval of this application.

Signature over Printed Name of the Head of Authorized Distributor

NOTE:

Please ensure that all the information required in this application has been completely and sufficiently provided, and that all the documents required in the hereto attached checklist have been supplied. Insufficient and incomplete application shall not be processed.