

DG PHONECARDS PRE PAID INTERNET CARD AGREEMENT

This Contract, made and executed by and between:

DG PHONECARDS, a corporation duly organized and existing under the laws of the Republic of the Philippines, with office and principal place of business at Abanao St., Baguio City duly represented herein by its Area Supervisor, **MR. ALBERT C. DELGADO** and hereinafter referred to as "**DG PHONECARDS**";

-and-

PHILHEALTH – CAR, a government agency organized and existing under the laws of the Republic of the Philippines, with principal address at 4th Floor, SSS Bldg. Harrison Rd., Baguio City, herein represented by its Medical Officer VII / Officer in Charge – **PHILHEALTH-CAR, DR. DOMINGA A. GADGAD**, and hereinafter referred to as "**CLIENT**";

Witnesseth, that

Whereas, **DG PHONECARDS** is engaged in the business of providing Pre Paid Internet Cards / Load Wallet, Globe Card 500's designed to address the various communication requirements of individuals, corporate entities and/or professional organizations on a nationwide basis;

Whereas, **DG PHONECARDS**, wishes to provide Pre Paid Internet Card / Globe Card 500's and other related services to the client and the latter agrees;

Now Therefore, for and in consideration of the foregoing premises, the parties hereby agree and covenant as follows:

1. That the subscription shall take effect on January 1, 2012 to December 31, 2012.
2. **THE CLIENT** shall pay **DG PHONECARDS** the amount of *Four Hundred Eighty Seven Pesos and Sixty Centavos* (P487.60) per Pre Paid Card subject to withholding of government taxes.
3. That the **CLIENT** shall inform **DG PHONECARDS** of any extension or termination of the contract within 60 days prior to the extension / termination hereof.
4. Four (4) Globe Card 500's shall be procured on a monthly basis by PhilHealth – CAR, and shall pay **DG PHONECARDS** Cash on Delivery.

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IN WITNESS WHEREOF, the parties have set their hands on the date and place first written above.

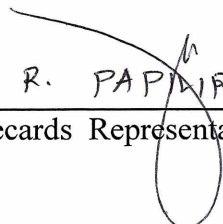
DG PHONECARDS

CLIENT


ALBERT C. DELGADO
Area Supervisor


DR. DOMINGA A. GADGAD
Medical Officer VII / Officer in Charge

SIGNED IN THE PRESENCE OF:


JOAN R. PAPADOURIN
DG Phonecards Representative


IMELDA CRISTETA D. VILLAMAR
Division Chief, MSD

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
Baguio City) S.S.

BEFORE ME, personally appeared:

[illegible]

Dominga A. Gadgad Company ID/100-37-099 May 7, 1999 Quezon City

Albert C. Delgado Company ID/10659 Jan., 2011, San Fernando, Pampanga

Known to me and identified by me through integrally complete identification card to be the same persons who executed the foregoing instrument which refers to a Contract of Service consisting of three (3) pages including the page which this acknowledgements is written and acknowledged that the same is his/her free act and deed.

WITNESS MY HAND AND SEAL on the date and place first above written.

Doc. No. 043
Page No. 009
Book No. IV
Series of 2012

M. A. Macaraeg
MELITA AMYLESHA D. MACARAEG
 Notary Public
 Notary Publics, 2012
 Until December 31, 2012
 Roll No. 50761
 PTR #
 IBP Lifetime ID No. 06946
 PTR No. 0793713/02-Jan 2012/Baguio City

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
PhilHealth Regional Office - Cordillera Administrative Region
4/F SSS Bldg., Harrison Road, Baguio City
Tel. # (074) 444-9862 / 444-8361 / 446-0371

PURCHASE ORDER

| | |
|--|--|
| Supplier: <u>DG Phonecards</u> | P.O. No.: <u>P-12-009</u> |
| Address: <u>4F Abanao Sq., Abanao St., Baguio City</u> | Date: <u>29-Feb-12</u> |
| Tel./Fax No.: _____ | Term/s of Payment: <u>cod</u> |
| Supplier Registered with: _____ | Mode of Procurement: <u>Direct Contracting</u> |

Please deliver to this office within _____ upon payment _____ from receipt hereof the following:



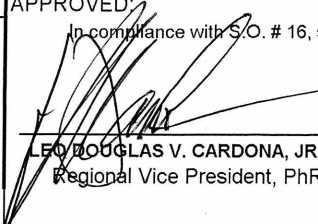
| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|----------------------------|------------|-----------------|
| 1 | 4 | pcs | Globe Prepaid Cards, 500's | 487.60 | 1,950.40 |
| | | | Total | | 1,950.40 |
| | | | Less: 5% Final Tax | 87.07 | |
| | | | 1% EWT | 17.41 | |
| | | | Net of Tax | | 1,845.92 |

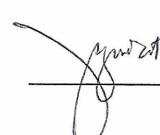
Terms & Conditions:

1. The agency shall impose penalty in an amount equivalent to 1/10 of 1% of the total value of undelivered order for each day of the delay as liquidated damages.
2. If the date of receipt of the Purchase Order/P.O. by the dealer is not indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative either through fax or e-mail.
3. Delivery Receipt and Sales Invoice shall be required for the one-time complete delivery of the goods.
4. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
5. Payment shall be made in full subject to corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

Very truly yours,


IMELDA CRISTETA D. VILLAMAR
Division Chief, MSD

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|---|---|---|
| Certified Budget Available | Funds Available in the amount of: PhP 1,950.40 | APPROVED: |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  SARAH P. CIRIACO Fiscal Controller III (Budget Officer) </div> <div style="width: 45%;">  MARIA LINDA H. GADINGAN Fiscal Controller III </div> </div> | | <p>In compliance with S.O. # 16, s. 2010</p>  LEO DOUGLAS V. CARDONA, JR., M.D. CSE Regional Vice President, PhRO-CAR |
| Within the COB: <u>2012 COB</u> Expense Code: <u>76400</u> Budget: _____ Remarks: _____ | | |
| | | |
| | | |

| | |
|---|---|
| Received Copy of P.O. on <u>March 2/2012</u>  | <p style="text-align: center;">CONFORME:</p> <p style="text-align: center;">Print Name and Signature of Supplier/Representative</p> |
|---|---|

Print Name and Signature
of Supplier/Representative

Tel. # (074) 444-9862 / 444-8361 / 446-0371

Received Copy of P.O. on _____

CONFORME: Jeannette Rayon
Print Name and Signature
of Supplier/Representative