

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION Office of the Secretariat, BAC PRO NCR and Rizal 8th Floor, Sunnymede IT Center Building, 1614 Quezon Avenue, Quezon City Healthline 441-7444 www.philhealth.gov.ph



July 13, 2012

NOTICE OF AWARD

ATTENTION: MR. MANUEL DEO CADIZ - Tri-M Vault Specialist Authorized Representative

Dear Mr. Cadiz:

This is to inform you that the Procurement of One (1) Lot 72 Units Steel Racks for PRO NCR conducted through Public Bidding is granted in your favor pursuant to Bids and Awards Committee - PhRO NCR and Rizal Resolution No. 04, S-2012 dated July 11, 2012 with your bid price of Four Hundred Sixty Three Thousand Six Hundred Eighty Pesos (Php463,680.00).

As stipulated in the Implementing Rules and Regulations of Republic Act No. 9184, please be informed that upon signing the contract, you are required to post a Performance Security in the form of Cash or Letter of Credit, Bank Guarantee, or Surety Bond in accordance with the following schedule:

FORM OF SECURITY	MINIMUM AMOUNT CONTRACT	
1.) Cash, or Letter of Credit issued by a Universal Commercial Bank; Provided , however, that the LC shall be confirmed or authenticated by a Universal or Commercial bank, if issued by a foreign bank	Five perce	nt (5%)
 b.) Bank guarantee confirmed by a Universal or Commercial Bank 	Ten percer	t (10%)
c.) Surety Bond callable upon demand issued by GSIS or a surety of insurance company duly certified by the insurance commission as authorized to issue such security.	Thirty perce	nt (30%)

Your Performance Security shall be posted in favor of the Philippine Health Insurance Corporation and shall be forfeited in favor of the corporation if you default with any of your obligations in the contract to be entered into.

Please acknowledge to the content of this Notice by signing under the word "CONFORME" below.

Very truly yours,

1 main	BAC Secretariat Office
SHIRLEY S. DOMINGO, M.D. Vice President, PRO NCR and Rizal	JUL 20 2012
CONFORME:	Raceived by <u>Bel</u> Time <u>3:30pm</u>
MANUEL YOOD ' O. DEORADIZ	1-20-12
Name of Representative Signature	Date
teamphilhealth www.facebook.com/PhilHealth	info@philhealth.gov.ph