Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

National Capital Region and Rizal

8th Floor, Sunnymede IT Center Building, 1614 Quezon Avenue, Quezon City Healthline 441-7444 www.philhealth.gov.ph



March 15, 2013

NOTICE OF AWARD

ATTENTION: DESIREE C. ORLANDA - PHILCOPY CORPORATION **Product Specialist**

Dear Mr. See:

This is to inform you that Lot One (1) re: Procurement of Four (4) Lots Supply of Various Printers for PRO NCR and Rizal conducted through Public Bidding is granted in your favor pursuant to Bids and Awards Committee - PRO NCR and Rizal Resolution No. 09, S-2013 dated March 11, 2013 with your bid price of Two Million Five Hundred Thirty Nine Thousand Six Hundred Eighty Pesos (Php2,539,680.00) only.

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 IN % OF TOTAL CONTRACT PRICE
 Cash, or cashier's/manager's check issued by a Universal or Commercial Bank. 	Five percent (5%)
b.) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank; Provided, however, that the LC shall be confirmed or authenticated by a Universal or Commercial bank, if issued by a foreign bank	Ten percent (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 percent (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 No	otice by signing under the v	vord "CONFORME" below.
/ery truly yours, SHIRLEY B. DOMINGO, M.D. /ice President, PRO NCR and Rizal		
OF SIRFE C. ORLINDA	Q.N	MTRCH 21, 20/2
Name of Representative	∕\$ignature	Date
teamphilhealth www.	.facebook.com/PhilHealth	info@philhealth.gov.ph