Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office VI

Gaisano City Capital-Iloilo, Luna St., La Paz. Iloilo City
Tel No. (033) 501-9160 to 62 or 501-9165 to 67 email at - region6@philhealth.gov.ph



February 18, 2016

## NOTICE OF AWARD

JEAN V. NABUA Precision Black Toner Inc. Unit 208, SGC Bldg., 3615 Davila St. Brgy. La Paz, Makati City

Dear Madame:

This has reference to your bid proposal to this office for the 3rd and 4th Quarter 2015 IT Supplies which was received last December 11, 2015 wherein the Members of the Bids and Awards Committee subsequently found your company eligible to participate in the bidding using the nondiscretionary "pass/ fail" criteria as provided under the provisions of Republic Act 9184.

Please be informed that as per evaluation and post-qualification of the said Committee, your bid was declared as the Lowest Calculated Responsive Bid, hence, you are hereby awarded to supply the above office with the 3rd and 4th Quarter 2015 IT Supplies amounting to Two Million Three Hundred Seventy Nine Thousand Six Hundred Thirteen Pesos (Php 2,379,613.00).

Furthermore, you are hereby required to post the performance bond which shall be denominated in Philippine Pesos and posted in favor of the Philhealth in an amount equal to the percentage of the total contract price in accordance with the following schedule:

Form of Performance Security	Amount of Performance Security (Equal to Percentage of the Total Contract Price)		
<ol> <li>Cash or cashier's/manager's check issued by a Universal or Commercial Bank.</li> </ol>			
2. Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank.	Five percent (5%)		
3. Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security; and/or	Thirty percent (30%)		
4. Any combination of the foregoing.	Proportionate to share of form with respect to total amount of security		

We look forward to a strong partnership with you.

Truly yours, /		878 7 8 8	X 11 12 18 18 1	
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I acknowledge recei	pt of this Notice	on _ FEBR	PUARY 2	4,2016
Name of the repres	entative of the Bi	dder: VEF	nv.	MBUA
Authorized Signatus	re:	ppe		
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