

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office VI Gaisano City Capital-Iloilo, Luña SL, La Paz, Iloilo City Tel No. (033) 501-9160 to 62 or 501-9165 to 67 email at - region6@philhealth.gov.ph



17176

March 21, 2016

NOTICE OF AWARD

JONATHAN O. MONINO

Account Manager Ng Khai Development Corp. Engy Tech Building, H. Cortes Banilad, Mandaue City

Dear Sir:

This has reference to your bid proposal to this office for the Computer- Laptop Regular which was received last November 27, 2015 wherein the Members of the Bids and Awards Committee subsequently found your company eligible to participate in the bidding using the non-discretionary "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 fourteen (14) units Computer- Laptop Regular amounting to Five Hundred Seventy Five Thousand Nine Hundred Forty Six Pesos (Php 575,946.00).

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)	
1. Cash or cashier's/manager's check issued by a Universal or Commercial Bank.		
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. 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,		y an ann a suis
Thury yours,		
Jean		
LOURDES F. DIOCSC)N	
RVP - PRO VI	$\mathbf{r} = \left\{ \mathbf{r}_{1}^{(1)}, \mathbf{r}_{2}^{(1)}, \mathbf{r}_{3}^{(1)}, $	
I acknowledge receipt of	this Notice on	AROH 23, 2016
Name of the representation		ONTETHAN O- MMIN
Authorized Signature:		
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teamphilhealth

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lth actioncenter@philhealth.gov.