



Republic of the Philippines
Department of Health
Regional Health Office - 10
NORTHERN MINDANAO MEDICAL CENTER
Capitol Compound, Cagayan de Oro City
Telephone No. (088) 856-4147; (08822) 72-6362 Fax No. (08822) 72-1794
Email address: nmmc_cdo@yahoo.com *Website www.doh.gov.ph/nmmc
"NMMC Para sa Tanan"



NOTICE OF AWARD

10 October 2018

MS. CHERYL M. SANTOS
CENTRAL NEURO SYSTEMS TRADING CO.
Rm. 306 1758 Malabon St.
Sta. Cruz, Manila

Dear Madame:

This is to inform you that based on the result of the Competitive Bidding conducted on August 29, 2018 for the Rebidding and procurement of various Hospital Equipment under ITB No. 2018-08-008 as per BAC Resolution No. G-466 s. 2018 dated 09 October 2018, your proposal was found to be the Lowest Calculated Responsive Bid with a Total Contract Price of One Million Ninety Nine Thousand Pesos (Php 1,099,000.00) inclusive of local taxes.

Item No.	Complete Specification of Items	Qty	Unit	Brand	Unit Cost	Total Cost
3	Aneurysm Clip Applier	1	set	Perneczky Clip Germany	1,099,000.00	1,099,000.00
	(Please see attached complete specifications)	TOTAL AMOUNT			PHp	1,099,000.00

You are hereby requested to post your Performance Security equivalent to the percentage of the Total Contract Price of the acceptable forms as listed below within ten (10) calendar days from receipt of the Notice of Award (NOA).


The required amount of the above forms of security shall be in accordance with the following schedule:

Form of Performance Security	Amount of Performance Security (Not less than the required percentage of the Total Contract Price)
a) Cash or cashier's/manager's check issued by a Universal or Commercial Bank.	Five percent (5%) (Php 54,950.00)
b) 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.	
c) Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.	Thirty percent (30%) (Php 329,700.00)

The original NOA with signature on "CONFORME" shall be returned within two (2) working days upon receipt of the approved NOA.

Please bear in mind that failure to provide the performance security shall constitute sufficient ground for recession of the award.

Very truly yours,


JOSE C. CHAN, MD, FPOA, FPCS, MHA, FPCHA
Medical Center Chief II

Conforme:

Signature of Authorized Representative over Printed Name

Name of Bidder: _____

Date: _____

file: NOA REBID HOSPITAL EQPT



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CONTRACT AGREEMENT

THIS AGREEMENT made this 26th day of October 2018 between **NORTHERN MINDANAO MEDICAL CENTER**, Capitol Compound, Cagayan de Oro City, Philippines (hereinafter called "the Entity") of the one part and **CENTRAL NEURO SYSTEMS TRADING CO.** of Rm 306, 1758 Malabon St., Sta, Cruz, Manila, Philippines (hereinafter called "the Supplier") of the other part:


WHEREAS, the Entity invited Bids for certain goods and ancillary services, viz., [one (1) set Aneurysm Clip Applier [Perneczky Clip] has accepted a Bid by the Supplier for the supply of those goods and services in the sum of One Million Ninety Nine Thousand Pesos (Php 1,099,000.00 (hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

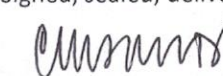
1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz.:
 - (a) the Bid Form and the Price Schedule submitted by the Bidder;
 - (b) the Schedule of Requirements;
 - (c) the Technical Specifications;
 - (d) the General Conditions of Contract;
 - (e) the Special Conditions of Contract; and
 - (f) the Entity's Notification of Award.
3. In consideration of the payments to be made by the Entity to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Entity to provide the goods and services and to remedy defects therein in conformity in all respects with the provisions of the Contract
4. The Entity hereby covenants to pay the Supplier in consideration of the provision of the goods and services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the contract at the time and in the manner prescribed by the contract.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with the laws of the Republic of the Philippines on the day and year first above written.

Signed, sealed, delivered by (for the Entity):


JOSE C. CHAN, MD, FPOA, FPCS, MHA, FPCHA
Medical Center Chief II

Signed, sealed, delivered by:


CHERYL M. SANTOS
CENTRAL NEURO SYSTEMS TRADING CO.

ACKNOWLEDGMENT

BEFORE ME, a notary public for and in the City of MANILA, Philippines personally appeared:

JOSE C. CHAN, MD, FPOA, FPCS, MHA, FPCHA
Medical Center Chief II

CTC No. 02891339
TIN No. 179-202-271

January 18, 2018

CDOC

CHERYL M. SANTOS
CENTRAL NEURO SYSTEMS TRADING CO.
(for the Supplier)

CTC No. 03305462
TIN No. 224-823-207

January 12, 2018

Manila

Known to me to be same persons who executed the foregoing instrument and acknowledge the same to be their voluntary act and deed.

WITNESS MY HAND AND SEAL this 07 NOV 2018 day of _____ 2018, in the City of MANILA, Philippines.

Doc. No. 199
Page No. 36
Book No. 39
Series of 2018

ATTY. BUENAVENTURA S. MEDINA JR.
NOTARY PUBLIC
SC ROLL NO. 4191-A-03
IRP NO. N-1-28796 / 9765437-A-06
MCLE NO. 0765318 / A-06
PTP NO. 6880521 01-06-18
VERIFICATION: 12961000
JAN 10, 2018
125 ANTIPOLO ST. SAMP. MLA



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NOTICE TO PROCEED

08 November 2018

MS. CHERYL M. SANTOS
CENTRAL NEURO SYSTEMS TRADING CO.
Rm. 306 1758 Malabon St.
Sta. Cruz, Manila


Dear Madame:

The attached Contract Agreement having been approved, notice is hereby given to CENTRAL NEURO SYSTEMS TRADING CO. that work may commence for the supply and delivery of (one {1} set Aneurysm Clip Applier [Perneczky Clip]) for Northern Mindanao Medical Center, effective after the receipt of this notice.

Thus, you shall be responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementation Schedule.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the Northern Mindanao Medical Center.

Very truly yours,


JOSE C. CHAN, MD, FPOA, FPCS, MHA, FPCHA
Medical Center Chief II

I acknowledge receipt of this Notice on 14 NOV 2018

Name of the Representative of the Bidder: CHERYL SANTOS

Authorized Signature: 