



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

MR. PATRICK VICTOR RAMON A. SEGOVIA
RAYNHAM MEDICAL EQUIPMENT TRADING
Suite 825, City and Land Mega Plaza
ADB Avenue Corner Garnet Road
Ortigas Center, Pasig City

Dear Sir:

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 Three Million Nine Hundred Seventy Thousand Pesos (Php 3,970,000.00) inclusive of local taxes.

Item No.	Complete Specification of Items	Qty	Unit	Brand	Unit Cost	Total Cost
2	Spine Surgery Instruments Set	1	set	Tedan Spine Instruments USA	3,970,000.00	3,970,000.00
	(Please see attached complete specifications)	TOTAL AMOUNT			Php	3,970,000.00

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 198,500.00)
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 1,191,000.00)

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: _____



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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 **RAYNHAM MEDICAL EQUIPMENT TRADING** of Suite 825, City and Land Mega Plaza, ADB Avenue Corner Garnet Road, Ortigas Center, Pasig City, Philippines (hereinafter called "the Supplier") of the other part:


WHEREAS, the Entity invited Bids for certain goods and ancillary services, viz., [one (1) set Spine Surgery Instruments Set [Tedan Spine Instruments, USA] has accepted a Bid by the Supplier for the supply of those goods and services in the sum Three Million Nine Hundred Seventy Thousand Pesos (Php 3,970,000.00) (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:


PATRICK VICTOR RAMON A. SEGOVIA
RAYNHAM MEDICAL EQUIPMENT TRADING

NOV 13 2018

SUBSCRIBED AND SWORN to before me in this
in Pasig City. Affiant with his/her _____ ID No. _____

DOC. NO: 14

PAGE NO: 4

BOOK NO: 1

SERIES OF 2018


ATTY. ANTONIO B. BETITO

Notary Public - Pasig City
Commission No. (2018-2019)
709 Mega Plaza Condo. ADB Ave. Pasig City
Attorney's Roll No. 27614
IBP # 044828/06-13-18/Rizal
PTR#4549095/06-08-18/Pasig City
MC: E Compliance No. V - 0014554 Feb. 29, 2016



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NOTICE TO PROCEED

16 November 2018

MR. PATRICK VICTOR RAMON A. SEGOVIA
RAYNHAM MEDICAL EQUIPMENT TRADING
Suite 825, City and Land Mega Plaza
ADB Avenue Corner Garnet Road
Ortigas Center, Pasig City

Dear Sir:

The attached Contract Agreement having been approved, notice is hereby given to RAYNHAM MEDICAL EQUIPMENT TRADING that work may commence for the supply and delivery of [one (1) set Spine Surgery Instruments Set [Tedan Spine Instruments, USA] 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:

22 NOV. 2018

Name of the Representative of the Bidder:

RAYNHAM MEDICAL EQUIPMENT TRADING

Authorized Signature:

file: NTP rebid equipment 2018