



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

NOTICE OF AWARD
FEB 09 2021

MS. MICHELL LORAIN G. SANVICTORES
Group Sales Manager
Zuellig Pharma Corporation-
Interphil Laboratories, Inc., Joint Venture
Km 14 West Service Road, South Superhighway, cr.,
Edison Ave., Brgy. Sun Valley, Parañaque City
Tel. No.: 02-908-2222 / 02-325-0641
Fax No.: 02-325-0641
Email Address: mlgragasin@zuelligpharma.com

Dear Ms. Sanvictores,

This is to inform you that your Quotation for the Procurement of Lynestrenol under NP No. 2020-053 undertaken through Negotiated Procurement (Two-Failed Biddings) your proposal was found to be acceptable with a Total Contract Price of **Forty-Two Million Philippine Pesos (PhP42,000,000.00)** inclusive of local taxes, for the item listed below:

Item No.	Item Description	Quantity	Unit	Unit Cost	Total Amount (PhP)
1	Lynestrenol	1,050,000	Cycle	40.00	42,000,000.00

You are hereby requested to indicate your concurrence of the award by signing this NOA on the space below and return the same to the Procurement Service on or before **FEB 12 2021**.

You are also required to post the Performance Security in an amount not less than the required 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)
a) 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 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%)

You are required, **within ten (10) calendar days** from receipt of this Notice to submit a Performance Security and enter into contract with the Department of Health by signing the Contract Agreement Form which will be provided to you once you submit your performance security. Failure to do so shall constitute a sufficient ground for the cancellation of this award and forfeiture of the bid security.

By Authority of the Secretary of Health:

NESTOR F. SANTIAGO, JR., MD, MPHIC, MHSA, CESO II
Assistant Secretary of Health
Public Health Services Team

Conforme:

MONALIZA RENTORIA
Printed Name and Signature of Representative
Name of Bidder: **ZUELLIG PHARMA CORP.**
Date: **FEB 10, 2021**