

**DEPARTMENT OF HEALTH (DOH)
CENTRAL OFFICE BIDS AND AWARDS
COMMITTEE (COBAC)
SAMPLE FORMS**

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) S.S.
X ----- X

SWORN STATEMENT

(on Observance & Respect to the DOH Code of Conduct and Confirmation on No Engagement with Tobacco Industry)

I, *[Name of Affiant]*, the Authorized Representative, of *[Name of Company]*, with an office address at *[Address of the Company]*, after having been duly sworn in accordance with law, do hereby depose and state that:

I, on behalf of our company, is participating in the Public Bidding of the Department of Health (DOH) for the procurement of _____ under IB No. _____;

I, hereby pledge to observe and respect the Code of Conduct of the DOH such as but not limited to the rule of “Conflict of Interest’ and “No Gift-Giving Policy”;

I, confirm that our company does not have any current engagement and/or partnership, joint sponsorship or any other activity with the tobacco industry;

In the event that our company violated the afore-mentioned rules or found to have a misrepresentation against this pledge, it shall be a ground for an automatic disqualification of our bid without prejudice to the institution of an administrative, civil or criminal action;

That I am executing this affidavit to attest to the truthfulness of the foregoing and to comply with the post-qualification requirement for the procurement of _____ under IB No. _____.

In witness whereof, I have hereunto affixed my signature this _____ day of 20____ at the _____.

Affiant

SWORN to before me this ____ day of *[month]* *[year]* at *[place of execution]*, Philippines, affiant was identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her *[insert type of identification card used]*, with his/her photograph and signature appearing thereon, issued on ____ at _____.

Witness my hand and seal this ____ day of *[month]* *[year]*.

NAME OF NOTARY PUBLIC
Serial No. of Commission _____
Notary Public for _____ until _____
Roll of Attorneys No. _____
PTR No. _____ *[date issued]*, *[place issued]*
IBP No. _____ *[date issued]*, *[place issued]*

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

Note: Please use the template provided to minimize errors or omissions in the form submitted

COMPUTATION OF NET FINANCIAL CONTRACTING CAPACITY

Summary of the Supplier's/Distributor's/Manufacturer's assets and liabilities on the basis of the income tax return and audited financial statement, stamped "RECEIVED" by the Bureau of Internal Revenue or BIR authorized collecting agent, for the immediately preceding year.

		Year 20__
1	Total Assets	
2	Current Assets	
3	Total Liabilities	
4	Current Liabilities	
5	Net Worth (1-3)	
6	Net Working Capital	

The Net Financial Contracting Capacity (NFCC) based on the above data is computed as follows:

NFCC = [(Current Assets minus Current Liabilities) (15)] minus the value of all outstanding or uncompleted portions of the projects under on-going contracts, including awarded contracts yet to be started coinciding with the contract to be bid.

Where:

K = 15

NFCC = PhP _____

Signature over Printed Name
[date of signing]

In the capacity of
Duly authorized to sign bid for and on behalf of

:[title or other appropriate designation]
:[Name of Company]
[Complete office address]
[Contact No.]
[Fax No.]
[Email Address]

Note: Bidders are highly encouraged to use the template provided to minimize errors or omissions in the form submitted. However, bidders may use their own template for as long as the essential portion/details of the said document are present.

Manufacturer's Authorization

To: [name and address of Procurement Agent]

We [*complete name of Manufacturer*], who are official manufacturers of [*type of goods manufactured*], having factories at [*full address of Manufacturer's factories*], do hereby appoint [*complete name of Bidder*] as the authorized distributor of [Importer/Distributor and address] to participate in Government Bidding for the following Goods/Products [*name and or brief description of the Goods*], manufactured by us and to subsequently enter into a Contract with the **DEPARTMENT OF HEALTH.**

This authorization/certification is valid for [years] from the [date of issuance] and being issued to [Bidder] unless revoked for any justifiable reason(s) by either party.

Notes: 1) If the Main Importer/Distributor is also the bidder, the existing Distributorship Agreement/Certificate of Exclusive Distributorship with the Manufacturer (whichever is applicable), may be submitted in lieu of this form.
2) This letter of authority should be on the letterhead of the Manufacturer.
3) Bidders are highly encouraged to use the template provided to minimize errors or omissions in the form submitted. However, bidders may use their own template for as long as the essential portion/details of the said document are present.

Signature over Printed Name
[date of signing]

In the capacity of
Duly authorized to sign bid for and on behalf of

:[title or other appropriate designation]
:[Name of Company]
[Complete office address]
[Contact No.]
[Fax No.]

AUTHORIZATION FROM THE MAIN DISTRIBUTOR
(In case the bidder is a Value Added Reseller/Reseller appointed/authorized by the Main distributor)

Authorization from the Main Distributor of the Manufacturer

To: [name and address of Procurement Agent]

We [*complete name of Main distributor*], who are main/principal distributor of [*type of goods distributed*] manufactured/developed by [*Manufacturer/Owner's Name*], located at [*full address of Main distributor*], do hereby appoint/authorize [*complete name of Bidder*] a Value Added Reseller/Reseller to participate in Government Bidding for the following Goods/Products [*name and or brief description of the Goods*], distributed by our company and to subsequently enter into a Contract with the DEPARTMENT OF HEALTH.

This authorization/certification is valid for [years] from the [date of issuance] and being issued to [Bidder] unless revoked for any justifiable reason(s) by either party.

Notes: 1) *If the Main Importer/Distributor is also the bidder, the existing Distributorship Agreement/Certificate of Exclusive Distributorship with the Manufacturer (whichever is applicable), may be submitted in lieu of this form.*
2) *This letter of authority should be on the letterhead of the Main distributor.*
3) *Bidders are highly encouraged to use the template provided to minimize errors or omissions in the form submitted. However, bidders may use their own template for as long as the essential portion/details of the said document are present.*

Signature over Printed Name
[date of signing]

In the capacity of
Duly authorized to sign bid for and on behalf of

:[title or other appropriate designation]
:[Name of Company]
[Complete office address]
[Contact No.]
[Fax No.]

REPUBLIC OF THE PHILIPPINES)
CITY OF _____) S.S.

X-----X

SECRETARY'S CERTIFICATE

I, _____, a duly elected and qualified Corporate Secretary of _____, a corporation duly organized and existing under and by virtue of the laws of the Republic of the Philippines, with principal office and place of business at [complete office address], **DO HEREBY CERTIFY**, that:

I am familiar with the facts herein certified and duly authorized to certify the same;

At the Regular/Special meeting of the Board of Directors of the said Corporation duly convened and held on [dd mm yy] at which meeting a quorum was present and acted throughout, the following resolution was unanimously approved, and the same have not been annulled, revoked and amended in any way whatever and are in full force and effect on the date hereof:

(Resolution No. _____)

RESOLVED, that _____ be, as it hereby is, authorized to participate in the bidding of the [Name of the Project and reference number] by the **DEPARTMENT OF HEALTH (DOH)**; and that if awarded the project shall enter into a contract with the **DOH**; and in connection therewith hereby appoint _____, acting as duly authorized and designated representatives of _____, are granted full power and authority to do, execute and perform any and all acts necessary and/or to represent _____ in the bidding as fully and effectively as the _____ might do if personally present with full power of substitution and revocation and hereby satisfying and confirming all that my said representative shall lawfully do or cause to be done by virtue hereof;

IN WITNESS WHEREOF, I/We have hereunto set my/our hands this ____ day of [month] [year] at [place of execution].

[Corporate Secretary]

SUBSCRIBED AND SWORN to before me this __ day of [month] [year] at [place of execution], Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her [insert type of government identification card used], with his/her photograph and signature appearing thereon, with no. _____ and his/her Community Tax Certificate No. _____ issued on _____ at _____.

Witness my hand and seal this __ day of [month] [year].

NAME OF NOTARY PUBLIC

Serial No. of Commission _____

Notary Public for _____ until _____

Roll of Attorneys No. _____

PTR No. __, [date issued], [place issued]

IBP No. __, [date issued], [place issued]

Doc. No. ____

Page No. ____

Book No. ____

Series of ____.

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REPUBLIC OF THE PHILIPPINES)
CITY OF _____) S.S.
x-----x

SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that the undersigned [*name*], [*title*] of [*name of Company*], is lawfully authorized to represent and act on behalf of the [*name of company*], a company registered under the laws of the Republic of the Philippines with its registered office at [complete office address], do hereby APPOINT, NAME and CONSTITUTE, [*name*], [*title*] of [*name of company*] as my true and lawful attorney-in-fact to act for and in my name and stead, to do, execute and perform any and all acts necessary and/or represent in the bidding and perform the following acts:

1. To participate and submit a bid to the **DEPARTMENT OF HEALTH** for the Procurement of [Name of Project and reference number].
2. To make, sign, execute, deliver and receive contracts, agreements and any and all documents pertinent thereto, as may be necessary to carry into effect the foregoing authority and to bind myself with the DOH.

HEREBY GIVING AND GRANTING unto my said attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite or necessary or proper to be done in and about the premises as fully to all intents and purposes as I might or could lawfully do if personally present, with power of substitution and revocation, and hereby ratifying and confirming all that my said attorney-in-fact shall lawfully do or cause to done under and by virtue of these presents.

IN WITNESS WHEREOF, I/We have hereunto set my/our hands this ____ day of [month] [year] at [place of execution].

[Principal]

[Legal Representative/s]

Attorney-in-Fact SIGNED IN THE PRESENCE OF

SUBSCRIBED AND SWORN to before me this __ day of [month] [year] at [place of execution], Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her [*insert type of government identification card used*], with his/her photograph and signature appearing thereon, with no. _____ and his/her Community Tax Certificate No. _____ issued on _____ at _____.

Witness my hand and seal this ____ day of [month] [year].

NAME OF NOTARY PUBLIC

Serial No. of Commission _____
Notary Public for _____ until _____
Roll of Attorneys No. _____
PTR No. __, [date issued], [place issued]
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Statement / List of all Ongoing Government and Private Contracts including contracts awarded but not yet started (IF ANY)

Business Name : _____
 Business Address : _____

Name of Contract Project Cost	a. Owner's Name b. Address c. Telephone Nos.	Nature of Work	Bidder's Role		a. Date Awarded b. Date Started c. Date of Completion	% of Accomplishment		Value of Outstanding Works/ Undelivered Portion
			Description	%		Planned	Actual	
Government								
Private								
Total Cost								

Note: Indicate "no ongoing contracts" if there are none.

 Signature over Printed Name
[date of signing]

In the capacity of
 Duly authorized to sign bid for and on behalf of:

[title or other appropriate designation]
[Name of Company]
[Complete office address]
[Contact No.]
[Fax No.]
[Email Address]

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Statement identifying the Bidder's Single Largest Completed Contract similar to the contract to be bid

Business Name : _____
 Business Address : _____

Name of Contract	a. Owner's Name b. Address c. Telephone Nos.	Nature of Work	Bidder's Role		a. Amount Awarded at b. Amount at Completion c. Duration	a. Date Awarded b. Contract Effectivity c. Date Completed
			Description	%		
<u>Government</u> / <u>Private</u>						

Note: This statement shall be supported with any of the following documents:

1. Purchase Order and/or Contract of Agreement;
2. Certificate of Completion or End-user's Acceptance;
3. Official Receipt/s issued for the contract

 Signature over Printed Name
[date of signing]

In the capacity of:

Duly authorized to sign bid for and on behalf of:

[title or other appropriate designation]

[Name of Company]

[Complete office address]

[Contact No.]

[Fax No.]

[Email Address]

<p><i>Note: Bidders are highly encouraged to use the template provided to minimize errors or omissions in the form submitted. However, bidders may use their own template for as long as the essential portion/details of the said document are present.</i></p>
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