



## CENTRAL OFFICE BIDS AND AWARDS COMMITTEE

Name of the Procuring Entity: Department of Health  
Name of the Project: Procurement of Betamethasone  
Delivery Site: DOH Warehouse(s)  
SVP No. 2022-003

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Name of Company

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Address

Please submit your lowest price quotation on the item listed below duly signed by your representative not later **09 March 2022, 9:00 AM** at Ground Floor, Building No. 6, Department of Health, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila:

Item No.	Item Description	Quantity	Unit	Total ABC (PhP)
1	Betamethasone	5,000	tube	203,400.00

Your quotation is subject to the following General Conditions:

- 1. Price validity shall be for a period of Ninety (90) calendar days.**
- 2. Delivery Period:**  
Sixty (60) Calendar days upon receipt of approved Notice to Proceed (NTP).
- 3. DELIVERY SITE:**  
  
DOH Warehouse(s)
- 4. Terms of Payment/billing shall be made upon complete delivery and acceptance upon presentation of signed Invoice Receipts and submission of relevant documents as stipulated in the contract.**
- 5. Bidders are entitled to one (1) bid only, otherwise, all bids made shall automatically be rejected.**
- 6. For one-time delivery: Terms of Payment /billing shall be made for the completed delivery and acceptance upon presentation of signed Invoice Receipt and submission of relevant documents as stipulated in the contract.**

7. **The prospective bidder shall submit three (3) sets of true copies of the original certified as such by the bidder or his duly authorized signatory each of the following requirements in one envelope:**

- a. Duly accomplished and signed Price Quotation inclusive of all taxes;
- b. Duly accomplished and signed Technical Specifications;

**NOTE:** *In case of award, kindly send a soft copy of technical specifications being offered (word & pdf format) to this e-mail address: [cobacasecretariat@doh.gov.ph](mailto:cobacasecretariat@doh.gov.ph);*

- c. Duly signed Schedule of Requirements;
- d. Mayor's/Business Permit issued by the city or municipality where the principal place of business of the prospective bidder is located or the equivalent document for Executive Economic zones or are as together with the corresponding copy of the receipt of payment for the said permit;

*In consideration of the limited access to financial institutions, regulatory and other offices, as well as the implementation of government restrictions on transport and travel, Acceptability of the recently expired Mayor's or Business permits and the Official Receipt as proof that the Bidder has applied and paid for the renewal of the permit; Provided that, the current and valid Mayor's or Business Permit as renewed, will be submitted by the bidder with the LRCB after the award of contract but before payment (GPPB Circular No. 09-2020)*

- e. PhilGEPS Registration Number;
- f. Latest Annual Income Tax / Business Tax Return also refers to Value Added Tax or Percentage Tax Return covering the previous six (6) months (per Revenue Regulation 3-2015), if applicable;
- g. Omnibus Sworn Statement; and
- h. Duly notarized authority of the signatory:
  1. Secretary's Certificate (i.e. corporation; joint venture agreement); or
  2. Special Power of Attorney (i.e. sole proprietor, partnership); or
  3. In case the signatory is the sole proprietor, copy of the DTI Registration Certificate.

**Acceptability of Unnotarized Omnibus Sworn Statement and Authority of the Signatory subject to compliance therewith after award of contract but before payment, for procurement activities during a State of Calamity, or implementation of community quarantine or similar restrictions declared or being implemented either in the locality of the PE or of the Bidder. (GPPB Resolution No. 09-2020)**

**NOTE:** Bidders may submit their bid proposal on or before **09 March 2022, 9:00 AM** to the COBAC-A Secretariat through any of the following options:

1. In printed copy to be submitted at the *G/F, Bldg. No. 6, Department of Health, San Lazaro Compound, Sta. Cruz, Manila*; or
2. In soft copy via e-mail to **cobacasecretariat@doh.gov.ph** provided that it complies with the following condition:
  - i. It should be in a clear .PDF/.IMG/.JPG/.TIFF/.GIF/.PNG format, and shall be in password protected Bidding Documents in compressed archive folders pursuant to *GPPB Resolution No. 09-2020 and Section 25.1 of the 2016 Revised IRR of RA No. 9184*;
  - ii. A generated bid receipt page or email acknowledgement indicating the time of submission must be secured and printed as a reference;
  - iii. The documentary requirements are arranged accordingly based on the Eligibility Checklist using the standard file name indicated therein.
  - iv. *For electronic bid submission, the password for accessing the Bidding Documents will be disclosed by the Bidders only during the actual bid opening which may be done in person or face-to-face through videoconferencing, webcasting or similar technology. (GPPB Resolution No. 09-2020 and Section 29 of the 2016 Revised IRR of RA No. 9184)*

The BAC shall open the bid envelopes using a non-discretionary “pass/fail” criterion. *In case of electronic bid submission, Bidding Documents not in compressed archive folders and are not password protected, shall be rejected. However, bid envelopes that are not properly sealed and marked or not properly compressed and password-protected, as required in the Request for Quotation, shall be accepted, provided that the bidder or its duly authorized representative shall acknowledge such condition of the bid as submitted. The BAC shall assume no responsibility for the misplacement of the contents of the improperly sealed or marked bid, or improperly compressed or password-protected folder, or for its premature opening. (GPPB Resolution No. 09-2020 and Section 25.9 of the 2016 Revised IRR of RA No. 9184)*


Further, once the Community Quarantine is lifted or the Bidder is determined as the Single/Lowest Calculated and Responsive Quotation, whichever comes first, the Bidder shall submit three (3) sets of printed copies of the eligibility documents, certified as such by the bidder or his duly authorized representative.

Furthermore, pursuant to 62.1 of the 2016 Revised IRR of RA No. 9184, Warranty Security shall be required, as follows:

- a. For the procurement of Goods, in order to assure that manufacturing defects shall be corrected by the supplier, a warranty security shall be required from the contract awardee for a minimum period of three (3) months, in the case of Expendable Supplies, or a minimum period of one (1) year, in the case of Non-Expendable Supplies, after acceptance by the Procuring Entity of the delivered supplies.

*The obligation for the warranty shall be covered by either retention money in an amount equivalent to at least one percent (1%) but not to exceed five percent (5%) of every progress payment, or a special bank guarantee equivalent to at least one percent (1%) but not to exceed five percent (5%) of the total contract price. The said amounts shall only be released after the lapse of the warranty period or, in the case of Expendable Supplies, after consumption thereof: Provided, however, That the supplies delivered are free from patent and latent defects and all the conditions imposed under the contract have been fully met.*

**Please use the attached Price Quotation, Technical Specifications, Schedule of Requirements, Omnibus Sworn Statement and Authority of the Signatory Forms.**

  
**ROGER P. TONG-AN, DMPA, MAN, RN**  
Undersecretary of Health  
COBAC-A Chairperson

# ELIGIBILITY REQUIREMENTS CHECKLIST

## PROCUREMENT OF BETAMETHASONE SVP NO. 2022-003

ITEM NO.	REQUIREMENTS
A.	Duly accomplished and signed Price Quotation inclusive of all taxes;
B.	Duly accomplished and signed Technical Specifications using the attached form;
B. 1	Valid and current Certificate Product Registration (CPR) or Valid Extension issued by Philippine Food and Drug Administration (PFDA);
B.2	Valid and current License to Operate (LTO) for drug suppliers, distributors and traders issued by Philippine Food and Drugs Administration (PFDA).  Note: Existing Licenses to Operate (LTO) and Certificates of Product Registration/Notification (CPR/Ns), and other existing authorizations issued by the Food and Drug Administration (FDA) that have a validity expiring on 01 January 2022 to 30 September 2022, are automatically extended. An additional four (4) months validity from the original date of expiration of the market authorization shall be given; provided, that a complete application for renewal of the said authorizations have been filed with the FDA within the given extension period [FDA Circular No. 2021-025]
B.3	Product Insert/Product Information or downloaded from the internet and other manufacturer's un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate for cross-referencing statement of compliance to the technical specification in accordance to what is indicated in 2 <sup>nd</sup> page of Section VII. Technical Specifications of the Bidding Documents;
B.4	The bidder shall submit any of the following whichever is applicable: a) If the bidder is a manufacturer, certificate that the bidder manufactures the products/item; or b) If the bidder is an Exclusive/Authorized Distributor or Dealer of the products/items, Certificate or Contract from the manufacturer or importer must be provided as proof that the bidder is an Exclusive/Authorized Distributor or Dealer of the products/items; or c) If the bidder is an agent of the exclusive distributor or dealer, the following must be provided: i. Certificate or Distributor/Dealership Agreement by the Manufacturer with the distributor or dealer; and ii. Contract between the distributor/dealer and the bidder.
B.5	Certificate of Compliance to the Electronic Drug Price Monitoring System (EDPMS) issued by either the Pharmaceutical Division (PD) of the DOH or DOH Regional Health Office/Centers for Health Development pursuant to DOH Administrative Order No. 2018-0020 and RA 9502 and its IRR;  <b>In case of expired Certificate of Compliance to the EDPMS which expires on a quarterly basis, the following copies may be submitted:</b>

	<p>a) Confirmation through e-mail using the official e-mail address of PD or concerned DOH Regional Health Office/ Centers for Health Development; and,</p> <p>b) Copy of print screen stating that the drug company is already compliant in the EDPMS pending the issuance of the Certificate.</p>
C.	Duly signed Schedule of Requirements using the attached form;
D.	<p>Mayor's / Business Permit issued by the city or municipality where the principal place of business of the prospective bidder is located or the equivalent document for Executive Economic zones or areas (Updated 2016 Revised IRR of RA No. 9184) together with corresponding copy of the receipt of payment of the said permit;</p> <p><b>NOTE:</b> <i>In consideration of the limited access to financial institutions, regulatory and other offices, as well as the implementation of government restrictions on transport and travel, <u>Acceptability of the recently expired Mayor's or Business permits and the Official Receipt as proof that the Bidder has applied and paid for the renewal of the permit ; Provided that, the current and valid Mayor's or Business Permit as renewed, will be submitted by the bidder with the LCRB after the award of contract but before payment (GPPB Circular No. 09-2020)</u></i></p>
E.	PhilGEPS Registration Number;
F.	Latest Annual Income Tax / Business Tax Return also refers to Value Added Tax or Percentage Tax Return covering the previous six (6) months (if applicable);
G.	Omnibus Sworn Statement;
H.	<p>Duly notarized authority of the signatory using the attached form, whichever is applicable:</p> <ol style="list-style-type: none"> <li>1. Secretary's Certificate (i.e. corporation; joint venture agreement); or</li> <li>2. Special Power of Attorney (i.e. sole proprietor, partnership); or</li> <li>3. In case the signatory is the sole proprietor, copy of the DTI Registration Certificate</li> </ol>

# PRICE QUOTATION

## PROCUREMENT OF BETAMETHASONE SVP NO. 2022-003

Item No.	Item Description	Qty.	Unit	Total Cost (PhP)
1	Betamethasone	5,000	tube	

- All price offered (price per item and total bid price) must be type or written in indelible ink.
- Price validity shall be for a period of Ninety (90) calendar days.

After having carefully read and accepted your conditions, I / We quote you on the item/s at prices noted above.

\_\_\_\_\_  
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]*

# Technical Specifications

Republic of the Philippines Department of Health			
TECHNICAL SPECIFICATIONS			
Item No.		Quantity	
ABC:			
<b>PURCHASER'S SPECIFICATION</b>		<b>STATEMENT OF COMPLIANCE</b>	
		Bidders must state here either “Comply” or “Not Comply” against each of the individual parameters of each Specification stating the corresponding performance parameter of the equipment offered. <b><u>Statements of “Comply” or “Not Comply” must be supported by evidence in a Bidders Bid and cross-referenced to that evidence. Evidence shall be in the form of manufacturer’s un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate.</u></b> A statement that is not supported by evidence or is subsequently found to be contradicted by the evidence presented will render the Bid under evaluation liable for rejection.	



# Technical Specifications

Republic of the Philippines  
Department of Health  
TECHNICAL SPECIFICATIONS

Item No. 1	Betamethasone	Qty./Unit	5,000 tubes
Name of Manufacturer:		Country of Origin:	
Brand:			
ABC: PhP203,400.00			
PURCHASER'S SPECIFICATION		STATEMENT OF COMPLIANCE	
<p><b>A. <u>Detailed Technical Specifications</u></b></p> <p><b>1. Description</b> Route of Administration: Topical</p> <p><b>2. Form &amp; Strength</b></p> <p style="margin-left: 20px;">a. 0.1%</p> <p style="margin-left: 20px;">b. 5g</p> <p style="margin-left: 20px;">c. Cream (as valerate)</p>			
<p><b>B. <u>Additional Requirements to be attached to Technical Specifications form:</u></b></p> <ol style="list-style-type: none"> <li>1. Valid and current Certificate Product Registration (CPR) or Valid Extension issued by Philippine Food and Drug Administration (PFDA);</li> <li>2. Valid and current License to Operate (LTO) for drug suppliers, distributors and traders issued by Philippine Food and Drugs Administration (PFDA).</li> </ol> <p style="margin-left: 40px;">Note: Existing Licenses to Operate (LTO) and Certificates of Product Registration/Notification (CPR/Ns), and other existing authorizations issued by the Food and Drug Administration (FDA) that have a validity expiring on 01 January 2022 to 30 September 2022, are automatically extended. An additional four (4) months validity from the original date of expiration of the market authorization shall be given; provided, that a complete application for renewal of the said authorizations have been filed with the FDA within the given extension period [FDA Circular No. 2021-025]</p> <ol style="list-style-type: none"> <li>3. Product Insert/Product Information or downloaded from the internet and other manufacturer's un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate for cross-referencing statement of compliance to the technical specification in accordance to what is indicated in 2<sup>nd</sup> page of Section VII. Technical Specifications of the Bidding Documents;</li> <li>4. The bidder shall submit any of the following whichever is applicable:             <ol style="list-style-type: none"> <li>a) If the bidder is a manufacturer, certificate that the bidder manufactures the products/item; or</li> <li>b) If the bidder is an Exclusive/Authorized Distributor or Dealer of the products/items, Certificate or Contract from the manufacturer or importer must be provided as proof that the bidder is an Exclusive/Authorized Distributor or Dealer of the products/items; or</li> <li>c) If the bidder is an agent of the exclusive distributor or dealer, the following must be provided:                 <ol style="list-style-type: none"> <li>i. Certificate or Distributor/Dealership Agreement by the Manufacturer with the distributor or dealer; and</li> <li>ii. Contract between the distributor/dealer and the bidder.</li> </ol> </li> </ol> </li> <li>5. Certificate of Compliance to the Electronic Drug Price Monitoring System (EDPMS) issued by either the Pharmaceutical Division (PD) of the DOH or DOH Regional Health Office/Centers for Health</li> </ol>			

Republic of the Philippines  
Department of Health  
**TECHNICAL SPECIFICATIONS**

Item No. 1	Betamethasone	Qty./Unit	5,000 tubes
Name of Manufacturer:		Country of Origin:	
Brand:			
ABC: PhP203,400.00			

**PURCHASER'S SPECIFICATION**

**STATEMENT OF COMPLIANCE**

Development pursuant to DOH Administrative Order No. 2018-0020 and RA 9502 and its IRR;

**In case of expired Certificate of Compliance to the EDPMS which expires on a quarterly basis, the following copies may be submitted:**

- a) Confirmation through e-mail using the official e-mail address of PD or concerned DOH Regional Health Office/ Centers for Health Development; and,
- b) Copy of print screen stating that the drug company is already compliant in the EDPMS pending the issuance of the Certificate.

**C. Upon delivery the following shall be complied:**

**1. Shelf life:**

Must be fresh commercial stock with a total shelf life of twenty four (24) months from the date of manufacture but not less than eighteen (18) months from the date of delivery.

**2. Packaging Instructions:**

Standard Packaging of the Manufacturer as approved by PFDA.

**3. Labelling Instructions:**

a) Standard labeling as approved by PFDA pursuant to Administrative Order No. 2016-0008.

b) In addition to the labeling requirements of FDA:

- i. On each tube, the following shall be imprinted or stickered with non-removable or permanent sticker or label that is binding and with residue and tearing if removed:

Philippine Government Property – Department of Health  
NOT FOR SALE

- ii. On each small and bigger box/corrugated carton, the following shall be imprinted or stickered with non-removable or permanent sticker or label that is binding and with residue and tearing if removed:

Philippine Government Property – Department of Health  
NOT FOR SALE

Date of Manufacture: \_\_\_\_\_

Date of Expiry: \_\_\_\_\_

Batch/Lot No.: \_\_\_\_\_

**D. Product & Recall**

1. The supplier must ensure the quality of products and if there will be problems in the quality, the supplier will recall and replace the products distributed in the regions, hospitals/ treatment

Republic of the Philippines  
Department of Health  
TECHNICAL SPECIFICATIONS

Item No. 1	Betamethasone	Qty./Unit	5,000 tubes
Name of Manufacturer:		Country of Origin:	
Brand:			
ABC: PhP203,400.00			
<b>PURCHASER'S SPECIFICATION</b>		<b>STATEMENT OF COMPLIANCE</b>	
<p>hubs/RHU/HC/BHSs based on Guidelines on Product Recall, FDA Circular No. 2016-012;</p> <p>2. In case of product recalls, or damage due to replacement, the costs associated with the proper handling or pull out from health facilities where the medicines have already been distributed shall be borne by the Supplier (DOH Administrative Order (AO) No. 2019-0041.</p>			

\_\_\_\_\_  
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]*

*[Telephone No/Fax No.]*

*[Email Address]*

## *Schedule of Requirements*

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

Item No.	Particular	Qty./ Unit	Delivery Site	Delivery Schedule
1	Betamethasone	5,000 tubes	DOH Warehouse(s)	Sixty (60) Calendar days upon receipt of approved Notice to Proceed (NTP)

\_\_\_\_\_  
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]*

## Omnibus Sworn Statement

*[shall be submitted with the Bid]*

REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF \_\_\_\_\_ ) S.S.

### AFFIDAVIT

I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, do hereby depose and state that:

1. *[Select one, delete the other:]*

*[If a sole proprietorship:]* I am the sole proprietor or authorized representative of [Name of Bidder] with office address at [address of Bidder];

*[If a partnership, corporation, cooperative, or joint venture:]* I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];

2. *[Select one, delete the other:]*

*[If a sole proprietorship:]* As the owner and sole proprietor, or authorized representative of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached duly notarized Special Power of Attorney;

*[If a partnership, corporation, cooperative, or joint venture:]* I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable)];

3. [Name of Bidder] is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, **by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;**

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. *[Select one, delete the rest:]*

*[If a sole proprietorship:]* The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and

the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

*[If a partnership or cooperative:]* None of the officers and members of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

*[If a corporation or joint venture:]* None of the officers, directors, and controlling stockholders of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. *[Name of Bidder]* complies with existing labor laws and standards; and
8. *[Name of Bidder]* is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
  - a. Carefully examining all of the Bidding Documents;
  - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
  - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
  - d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.
9. *[Name of Bidder]* did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. **In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.**

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_ day of \_\_\_, 20\_\_ at \_\_\_\_\_, Philippines.

*[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]*

*[Insert signatory's legal capacity]*

Affiant

**[Jurat]**

*[Format shall be based on the latest Rules on Notarial Practice]*

**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 \_\_\_\_\_

**REPUBLIC OF THE PHILIPPINES )**  
**CITY OF \_\_\_\_\_ ) S.S.**  
-----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. \_\_\_\_

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Series of \_\_\_\_.



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]  
IBP No. \_\_, [date issued], [place issued]

Doc. No. \_\_\_\_  
Page No. \_\_\_\_  
Book No. \_\_\_\_  
Series of \_\_\_\_.

## **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.

- Note: 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.]  
[Email Address]

## **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.]  
[Email Address]