Republic of the Philippines
Department of Health
CENTRAL OFFICE BIDS AND AWARDS COMMITTEE

Name of the Procuring Entity: Department of Health
Name of the Project: Procurement of Hematology Analyzer Reagents with Machine Tie-Up
Delivery Site: DOH Philippine Blood Center, 6512 Quezon Ave. Diliman Quezon City
SVP No. 2023-009

_____
Name of Company

_____
Address

Please submit your lowest price quotation on the item listed below duly signed by your representative not later **25 April 2023, 9:00 A.M.** at Ground Floor, Building No. 6, Department of Health, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila**:**

Item No.	Particular	Qty.	Unit	Total Approved Budget for the Contract (PhP)
1	Hematology Analyzer Reagents With Machine Tie-Up	5,000	Test	250,000.00

Your quotation is subject to the following General Conditions:

1. **Price validity shall be for a period of <u>Ninety (90)</u> calendar days.**

2. **Delivery Period:**

   a. **Thirty (30) Calendar Days upon receipt of appproved Notice to Proceed (NTP)**

3. **Delivery Site: DOH Philippine Blood Center, 6512 Quezon Ave. Diliman Quezon City**

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: **cobacbsecretariat@doh.gov.ph**;

   c. Duly signed Schedule of Requirements using the attached form;

   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 areas together with the corresponding copy of the receipt of payment for the said permit;

   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 in accordance with the form under GPPB Resolution **GPPB Resolution No. 16-2020**; 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.

NOTE: Bidders may submit their bid proposal on or before ***25 April 2023, 9:00 AM***. to the COBAC-B 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 **cobacbsecretariat@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 Bidder is determined as the Single/Lowest Calculated and Responsive Quotation, 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.

Pursuant to Section 62.1 of the 2016 Revised IRR of RA No. 9184, a warranty security shall be required from the contract awardee for a minimum period of three (3) months, in the case of Expandable 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.

Sgd.
MAYLENE M. BELTRAN, MPA, CESO III
Assistant Secretary of Health
COBAC-B Chairperson

ELIGIBILITY REQUIREMENTS CHECKLIST

PROCUREMENT OF HEMATOLOGY ANALYZER REAGENTS
WITH MACHINE TIE-UP
SVP NO. 2023-009

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 License to Operate (LTO) as Medical Device Importer/ Wholesaler issued by Philippine Food and Drug Administration (PFDA). *Note: Existing License to Operate (LTO) and Certificates of Product Registration/ Notification, and other existing authorizations issued by the Food and Drug Administration (FDA) that have a validity expiring on 01 January 2022 to 31 December 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 FDA within the given extension period (FDA Circular No. 2021-025-A)*
B.2	Product Insert/Product Information and downloaded from the internet with specific URL and other manufacturer's unamended sales literature, unconditional statements of specification and compliance issued by the manufacturer samples independent test data etc., as appropriate for cross referencing to the statement to the technical specification.
B.3	The bidder shall submit any of the following whichever is applicable: a. If the bidder is 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. Certificate or Contract/ Dealership Agreement between the distributor/dealer and the bidder.
B.4	Guarantee letter from supplier to replace the items with approved shorter shelf-life.
B.5	Certificate that the bidder will provide the following requirements: a) New Set of 3-level control cells three (3) months or as the need arise b) Registration of a new set of controls and perform the calibration as needed c) Back-up machine with the same specs within 48 hours in case of equipment breakdown d) Barcode scanner and external printer and its consumables for the printing of results unit total consumption of reagents e) Technical support 24 hours/ 7 days a week assistance from engineer and

	product specialist f) Quarterly preventive maintenance or as the need arises g) Actual demonstration and adequate training for all technical staff the with provision of a certificate upon completion of training
C.	Duly signed Schedule of Requirements using the attached form;
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 areas (Updated 2016 Revised IRR of RA No. 9184) together with corresponding copy of the receipt of payment of the said permit;
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.	Duly notarized authority of the signatory using the attached form, whichever is applicable: 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

PRICE QUOTATION

PROCUREMENT OF HEMATOLOGY ANALYZER REAGENTS
WITH MACHINE TIE-UP
SVP NO. 2023-009

Item No.	Item Description	Qty.	Unit	Total Cost (PhP)
1	Hematology Analyzer Reagents with Machine Tie-up	5,000	Test	

- **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 :*[title or other appropriate designation]*
Duly authorized to sign bid for and on behalf of :*[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
Name of Manufacturer:	Country of Origin:
ABC:	
PURCHASER'S SPECIFICATION	**STATEMENT OF COMPLIANCE**
	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/item offered. **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.** 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.

_____
Signature over Printed Name
[date of signing]
In the capacity of *[title or other appropriate designation]*
Duly authorized to sign bid for and on behalf of: *[Name of Company]*
[Complete office address]
[Telephone No/Fax No.]
[Email Address]

Technical Specifications

Republic of the Philippines Department of Health **TECHNICAL SPECIFICATIONS**			
Item No. 1	**Hematology Analyzer Reagents with Machine Tie-up**	Qty./Unit	5,000 tests
Name of Manufacturer:		Country of Origin:	
Brand:			
Total ABC: PhP250,000.00			
PURCHASER'S SPECIFICATION		**STATEMENT OF COMPLIANCE**	
A. Detailed Technical Specifications: 1. Principle: a. Cyanide-free method for determination of Hemoglobin b. DC impedance method (RBC,PLT) c. Flow Cytometry 2. Reagents: a. Non-toxic and biodegradable reagents b. With cleaning agents use for maintenance c. With 3- levels (low, normal, high) of control cells for daily Quality Control (QC) measurement 3. Terms and Conditions for Machine Tie-Up: a. Fully-automated bench top 5-part differential hematology analyzer with capability of automatic start-up, shutdown, and sample analysis b. Comprehensive of atleast 8 parameter CBC with 3 histograms and intelligent flagging system c. A throughput of atleast 60 samples per hour d. With integrated Levey-Jennings chart for daily and monthly QC analysis e. Can analyze post-processed components for QC of blood components f. Low maintenance and economical reagent consumption g. With the capability to store date and access in the view of results and QC data h. System support for interface to LIS and direct printing or built-in thermal printing i. Power supply: 220-240 VAC, 60 Hz; with Automatic Voltage Regulator (AVR), and Uninterrupted Power Supply (UPS) or battery bank as a back-up			
B. Type of Contract 1. Supply of items 2. Machine tie-up with lease of equipment/supplied for use until consumables are utilized.			
C. <u>Additional Requirements to be attached in the Technical Specifications form, arranged, numbered, and tabbed as enumerated below:</u> 1. Valid and current License to Operate (LTO) for Medical Device Importer/Wholesaler issued by			

Republic of the Philippines
Department of Health
TECHNICAL SPECIFICATIONS

Item No. 1	**Hematology Analyzer Reagents with Machine Tie-up**	Qty./Unit	5,000 tests
Name of Manufacturer:		Country of Origin:	
Brand:			
Total ABC: PhP250,000.00			
PURCHASER'S SPECIFICATION		**STATEMENT OF COMPLIANCE**	

Philippine FDA;

Note: Existing License to Operate (LTO) and Certificates of Product Registration/ Notification, and other existing authorizations issued by the Food and Drug Administration (FDA) that have a validity expiring on 01 January 2022 to 31 December 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 FDA within the given extension period (FDA Circular No. 2021-025-A

2. Product Insert/Product Information and downloaded from the internet with specific URL and other manufacturer's unamended sales literature, unconditional statements of specification and compliance issued by the manufacturer samples independent test data etc., as appropriate for cross referencing to the statement to the technical specification;

3. The bidder shall submit any of the following whichever is applicable:
   a. If the bidder is 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. Certificate or Contract/ Dealership Agreement between the distributor/dealer and the bidder.

4. Guarantee letter from supplier to replace the items with approve shorter shelf-life.

5. Certificate that the bidder will provide the following requirements:
   a. New Set of 3-level control cells three (3) months or as the need arise
   b. Registration of a new set of controls and perform the calibration as needed
   c. Back-up machine with the same specs within 48 hours in case of equipment breakdown
   d. Barcode scanner and external printer and its consumables for the printing of results unit total consumption of reagents
   e. Technical support 24 hours/ 7 days a week assistance from engineer and product specialist
   f. Quarterly preventive maintenance or as the need arises
   g. Actual demonstration and adequate training for all technical staff the with provision of a certificate upon completion of training

C. <u>Upon delivery the following shall be complied with:</u>

a) Shelf Life: Must be fresh commercial stock with a total shelf-life of atleast fourteen (14) months from the date of delivery

Republic of the Philippines Department of Health **TECHNICAL SPECIFICATIONS**			
Item No. 1	**Hematology Analyzer Reagents with Machine Tie-up**	Qty./Unit	5,000 tests
Name of Manufacturer:		Country of Origin:	
Brand:			
Total ABC: PhP250,000.00			
PURCHASER'S SPECIFICATION		**STATEMENT OF COMPLIANCE**	

b) Packaging Instructions: Standard Packaging of the Manufacturer as approved by PFDA.

c) Labeling Instructions:

On each box should 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 Manufacturer:_____
Date of Expiry: _____
Batch/Lot no.:_____, if applicable

D. **Product Recall & Disposal:**

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 hubs/RHU/HC/BHSS based on Guidelines on Product Recall, FDA Circular No. 2016-012;

2. In instances of product recalls due to failures of suppliers and manufacturers to comply with standards of safety and quality, the cost associated with proper disposal/ destruction, handling, or pull out from health facilities where these products have already been distributed shall be borne by the supplier (subject to the latest policy for disposal) (DOH Administrative Order(AO) No. 2019-0041).

Replacement instructions:

If the item approved is with shorter shelf-life, replacement for fresh stocks shall be issued when returned three (3) months before expiry date and the supplier will replace it with not less than twelve (12) months shelf-life and deliver the stocks within two (2) weeks. Replacement shall continue until the total consumption of all the reagents.

Control Materials:

Provide a new set of control cells atleast a week before the expiry date of the current stock issued. Replacement shall continue until the total consumption of all the reagents.

_____
Signature over Printed Name
[date of signing]
In the capacity of *[title or other appropriate designation]*
Duly authorized to sign bid for and on behalf of: *[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	Delivered Calendar Days
1	Hematology Analyzer Reagents with Machine Tie-up	5,000 tests	DOH Philippine Blood Center, 6512 Quezon Ave. Diliman Quezon City	Thirty (30) Calendar Days upon receipt of the approved Notice to Proceed (NTP)

_____

Signature over Printed Name
[date of signing]
In the capacity of: *[title or other appropriate designation]*
Duly authorized to sign bid for and on behalf of :*[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----------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 ____.

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 ___