



Republic of the Philippines
SOCIAL SECURITY SYSTEM

East Ave., Diliman, Quezon City
Tel. Nos. (632) 920-6401 • (632) 920-6446
E-mail: member_relations@sss.gov.ph • Web site: <http://www.sss.gov.ph>

NOTICE OF AWARD

October 01, 2019

QUESTRONIX CORPORATION

178 Yakal St., Brgy. San Antonio
Makati City

Attention: **MR. REGINALDO F. BERNARDO**
Client Executive

Dear Mr. Bernardo:

Please be informed that the Project: Acquisition of ICT Resources for the Replacement of M9000 Production and Disaster Recovery (DR) Systems, is awarded to your company at a Contract Price equivalent to P350,900,000.00.

In view of this, kindly coordinate with Ms. Violeta V. Javar of our Purchasing Section, Procurement Planning and Management Department (PPMD) at the 2nd Floor, SSS Main Building, East Avenue, Diliman, Quezon City for the submission of the following:

- a. Performance Bond within ten (10) calendar days from receipt of this notice but in no case later than the signing of the contract/Purchase Order/Job Order by both parties, equivalent to percentage of contract price as follows:
 - 5% in Cash, Cashier's/Manager's Check, Bank Guarantee/Draft, or
 - 30% Surety bond callable upon demand issued by a Surety or Insurance company duly certified by the Insurance Commission.
- b. Warranty Security valid for two (2) years on all delivered goods and shall take effect upon product acceptance by the SSS. The obligation for the warranty shall be covered by either retention money in an amount equivalent to three percent (3%) of every progress payment, or a special bank guarantee equivalent to three percent (3%) of the total contract price with validity period starting from the date of acceptance.

Please inform us of your preferred warranty security whether retention money or a special bank guarantee.

Thank you.

Very truly yours,


ELVIRA G. ALCANTARA-RESARE
Executive Vice President
Corporate Services Sector 

I acknowledge receipt of this Notice on _____
Printed Name of the Representative _____
Designation of the Representative _____
Signature of Authorized Representative _____

cc.: PPMD
CMD
Budget Department
Ms. Hidelza B. Castillo – TWG Chairperson