



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

16 December 2019

ZUELLIG PHARMA CORPORATION
JV INTERPHIL LAB INC.
KM 14 West Service Rd South Superhighway
cor Edison Ave. Sun Valley, Paranaque City

Attention: MR. JUANCHO D. REYES
Authorized Representative

Dear Mr. Reyes:

Please be informed that the Project: Purchase of Medicines (Re-Advertisement), is awarded to your company with the following details:

| Particulars | Contract Amount |
|--|-----------------|
| Category I – Maintenance Medicines – Item No. 3 | P850,500.00 |
| Category II – Antibiotic Preparations – Item No. 6 | P164,500.00 |

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 three (3) months after the final acceptance by the Procuring Entity of the delivered Goods or after the Goods are consumed, whichever is earlier. The obligation for the warranty shall be covered by either retention money in an amount equivalent to five percent (5%) of every progress payment, or a special bank guarantee equivalent to five percent (5%) 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.

Very truly yours,


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

12-17-19
[Handwritten initials]

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

cc.: PPMD
Budget Dept.
Dr. Medel Blas C. Morales – Chairperson
CMD