

REPUBLIC OF THE PHILIPPINES
SOCIAL SECURITY SYSTEM
East Avenue, Diliman, Quezon City
Tel. Nos. (632)8709-7198*(632)8920-6446
E-mail: bac@sss.gov.ph*Website <http://www.sss.gov.ph>

NOTICE TO PROCEED

21 September 2022

ALLCARD INC.

Lot 3 Block 17 E. Rodrigues Jr. Avenue
corner Titan Street, Acropolis Subdivision
Bagumbayan, Quezon City

Attention: Mr. Carlo Enrico Y. Jarlego
VP Sales Manager

Dear Mr. Jarlego,

Notice is hereby given to your company that the award of the project: **Issuance of Generic UMID Cards to Members**, having been approved, your company may now commence performing its obligation effective upon receipt of this notice. You are responsible for the compliance of the terms and conditions under the Contract and its attached documents.

Accordingly, kindly coordinate with Department Manager Jose Antonio L. Salazar, of the Identity Management Department, SSS Main Office, East Avenue, Diliman, Quezon City with telephone no. 87097198 loc. 5710 and email address salazaral@sss.gov.ph, for the implementation of the project.

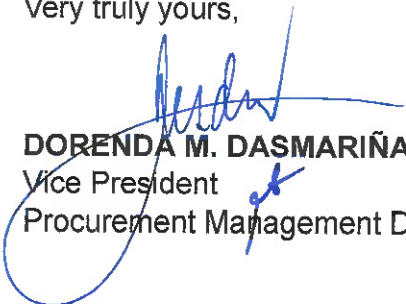
Further, be reminded of the following:

1. Delay in the performance of obligation – Liquidated damages equivalent to 1/10 (0.001) of 1% of the unperformed portion of the contract or up to a maximum of 10% of the contract price shall be charged for every day of delay.
2. Variation, amendment and suspension of contract (see Annexes “D” and “E” of the Implementing Rules and Regulations of RA 9184, for reference) – Do not start variation, amendment or suspend implementation of the contract without prior approval from the SSS. Send a letter request to SSS through Department Manager Salazar, for variation, amendment or suspension of contract, whichever is applicable.
3. Posting of Warranty Security after the issuance of Certificate of Final Acceptance pursuant to Sec. 62 of the 2016 Implementing Rules and Regulations of RA No. 9184, and/or the Special Conditions of the Contract in the Bidding Documents or in the Request for Quotation in the form of either retention money in the amount equivalent to 5% of every progress payment or a special bank guarantee equivalent to 5% of the total contract price.

Please acknowledge receipt and acceptance of this notice by filling out the portion below of this document.

Thank you.

Very truly yours,


DORENDA M. DASMARIÑAS
Vice President
Procurement Management Division

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

SEPT. 28, 2022

FELIPE R. ILLUJ

SALES MGR





REPUBLIC OF THE PHILIPPINES
SOCIAL SECURITY SYSTEM
East Avenue, Diliman, Quezon City
Tel. Nos. (632) 8709-7198 local 6385/ 6386/5888/5889
E-mail: contractmanagement@sss.gov.ph*Website <http://www.sss.gov.ph>

CONTRACT MANAGEMENT DEPARTMENT

ALLCARD INC.

Lot 3 Block 17 E. Rodrigues Jr. Avenue
corner Titan Street, Acropolis Subdivision
Bagumbayan, Quezon City

Attention: Mr. Carlo Enrico Y. Jarlego
VP Sales Manager

Dear Mr. Jarlego:

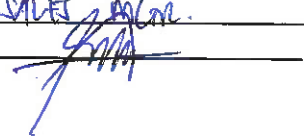
Please be informed that the Social Security System (SSS) implements the "NO GIFT POLICY" as prescribed by Republic Act No. 6713.

Hence, SSS does not solicit or accept gifts, favors, or anything of monetary value from any entity.

Should you receive any solicitation from anyone making representation from SSS, please notify the Head, Procurement Management Division at dasmarinasdm@sss.gov.ph or call at 8709-7198 extension 5544.

Thank you.


EARTH BURGOS
Acting Head

I acknowledge receipt of this Notice on SEPT. 28, 2022
Printed Name of the Representative FELIPE R. ILLUT
Designation of the Representative SALES MANAGER
Signature of Authorized Representative 

CONTRACT MANAGEMENT DEPARTMENT CLIENT SATISFACTION SURVEY

In our effort to continually improve our service, we would like to ask you to honestly rate and give your comments or remarks on the following. Your constructive criticism shall be a useful guide in improving our Quality Management System.

- 5 - Extremely Satisfied
- 4 - Satisfied
- 3 - Somewhat Satisfied
- 2 - Neither Satisfied nor Dissatisfied
- 1 - Somewhat Dissatisfied

* Required

* This form will record your name, please fill your name.

FELIPE ILLUJ

1. Respondent (Company/Department) *

ALCANTO INC, SALES DEPT

2. Designation/Position *

SALES MGR

3. Timeliness *

1 2 3 4 5

4. Completeness of Information/Attachment/s *

1 2 3 4 5

5. Accuracy of supplied information/data *

1 2 3 4 5

6. Understanding your needs *

1 2 3 4 5

7. Responding to your needs and concerns *

1 2 3 4 5

8. ADDITIONAL REMARK: *

NONE

9. CUSTOMER REQUIREMENT:

On top of our regular service, is there anything that your office would like us to provide? *

DIRECT LINE FOR FAST COMMUNICATION