



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**NCR OPERATIONS – WEST DIVISION**  
232 G/F Padilla Delos Reyes Bldg. Juan Luna St.  
Binondo, Manila  
Tel. 8395-9897

**CANVASS FORM**  
**WEST 2024-October-03**  
**October 17, 2024**

PHILGEPS REF. NO. \_\_\_\_\_  
DATE POSTED: \_\_\_\_\_  
POSTED BY: \_\_\_\_\_

Sir / Madam:

Please furnish us with your quotation on or before: October 24, 2024 at 4:00 pm. for the following items:

NO.	PARTICULARS	QTY	APPROVED BUDGET	STATEMENT OF COMPLIANCE	BID AMOUNT
1	Purchase of Various A.C. Part for SSS Pasay CCP Complex Branch			(Kindly indicate if complied)	
	Printed Circuit Board Assembly, 5TR, Outdoor Unit (Unit Model: RZF140CVM) should be compatible to present unit - <b>Daikin</b>	1 unit	41,990.00		P
	Printed Circuit Board Assembly, 5TR, Indoor Unit (Unit Model: FVA140AMVM) should be compatible to present unit - <b>Daikin</b>	1 unit	16,234.00		P
	Printed Circuit Board Assembly, 3TR, Outdoor Unit (Unit Model: RZF100CVM) should be compatible to present unit - <b>Daikin</b>	1 unit	35,530.00		P
	Printed Circuit Board Assembly, 3TR, Indoor Unit (Unit Model: FVA100AMVM) should be compatible to present unit - <b>Daikin</b>	1 unit	16,234.00		P
	Capacity Setting Adaptor, 5TR, Indoor Unit (Unit Model: FVA140AMVM) should be compatible to present unit - <b>Daikin</b>	1 unit	165.00		P
	Capacity Setting Adaptor, 3TR, Indoor Unit (Unit Model: FVA100AMVM) should be compatible to present unit - <b>Daikin</b>	1 unit	165.00		P
TOTAL APPROVED BUDGET			110,318.00	Total Bid Amount	P

Payment Terms: Supplier shall be paid in accordance to Government Terms.  
Delivery Terms: 15 Calendar Days upon receipt of approved Purchase Order/Job Order.  
Price Validity: Three (3) Months

- Note/s:**
- 1.) For canvass with an ABC of P 100,000.00 and above the winning bidder is required to post a Performance Bond within Three (3) Calendar from receipt of Notice to Proceed/Job Order/Purchase Order equivalent to 5% Cash, Cashier's/Manager's Check, Bank Guarantee/Draft or 30% Surety Bond callable upon demand of the contract price.
  - 2.) The SSS shall withhold the applicable taxes from the amount payable in accordance with BIR regulations.
  - 3.) Please specify the brand name / model offered.
  - 4.) For clarification of details, please coordinate with Nathalie Alonde at telephone no. 8395-9897.
  - 5.) Quotations not using the prescribed/standard canvass form and/or unsealed shall automatically be disqualified.
  - 6.) Indicate the correct **SSS Number** and **TIN-(BIR)** of **supplier/contractor** in the quotation form.
  - 7.) The bidder shall offer one (1) quotation only, alternative bids shall be rejected.
  - 8.) Please send your **SEALED QUOTATION/CANVASS/BID** to SSS Binondo Branch, including the following Eligibility Requirements:
    - a.) Registration Certificate from SEC (Security Exchange Commission), DTI (Department of Trade & Industry) for sole proprietorship, or CDA (Cooperative Development Authority) for cooperatives, or any proof of such registration.
    - b.) Mayor's Permit issued by the city or municipality where the place of business of the prospective bidder is located.
    - c.) BIR 2303
    - d.) Latest Form SSS R-5 Contributions Payment
    - e.) PhilGEPS Registration
    - f.) Omnibus Sworn Statement
  - 9.) All payments to suppliers/creditors/payees shall be done electronically and directly credited to their **Landbank Account**. When supplier prefers other banks, any charges or fees that will be imposed by the bank shall be charged to supplier's account.

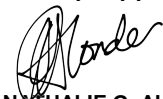
This is to certify that my Company is updated in the payment of contributions and loans to SSS and the data / quotation indicated are valid.

\_\_\_\_\_  
Owner/Company Representative  
(Sign over Printed Name)

**REMINDER: Price quotation should be made with extra care taking into account the specification and unit of quantity to avoid errors. The offeror binds himself to this quotation TERMS & CONDITIONS.**

Please indicate below your Business Name, Address and Telephone Number and Date Received.

Your Business Name: \_\_\_\_\_  
Your Business Address: \_\_\_\_\_  
Your Business SSS No.: \_\_\_\_\_  
Your Business TIN No.: \_\_\_\_\_  
Bank Account No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Telephone Nos.: \_\_\_\_\_  
Date Received: \_\_\_\_\_

Very truly yours,  
  
**NATHALIE G. ALONDE**  
NCR West Division