



Republic of the Philippines  
DEPARTMENT OF HEALTH  
**PHILIPPINE CHILDREN'S MEDICAL CENTER**

Quezon Avenue, Quezon City 1100  
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Trunkline: 588-9900 DirectLine: 924-0836 Fax No: 924-0840

**NOTICE OF AWARD**  
**NOA-2021-102-05**

**ZUELLIG PHARMA CORP.**

**JV with INTERPHIL LABORATORIES INC.**

KM 14 West Service Road SSH Corner Edison Avenue,  
Brgy. Sun Valley, Parañaque City  
Tel. No. (02) 908-2222  
Fax No. (02) 325-0641

Dear Sir / Madam:

This is to inform you that based on the result of the Negotiated Procurement (Two Failed Biddings) conducted on July 30, 2021 for Various Pharmaceutical Supplies CY2021 under Request for Quotation No. RFQ-2021-104, as per BAC Resolution No. R2021-08-351, your proposal was found to be the Lowest Calculated and Responsive Bid (LCRB):

SET	ITEM NO.	QTY	UNIT	ITEM DESCRIPTION	BRAND, PACKING, SPECIFICATION, ETC.		MANUFACTURER	UNIT COST	TOTAL AMOUNT
A	15	980	tab	Lansoprazole tab 15mg FDT blister/foil pack	Prevacid FDT 15mg Fast Disintegrating Tablet 28's	Prevacid FDT 15mg Fast Disintegrating Tablet 28's	Kokando Company Limited	55.00	53,900.00
A	16	420	tab	Lansoprazole tab 30mg FDT blister/foil pack	Prevacid FDT 30mg Fast Disintegrating Tablet 28's	Prevacid FDT 30mg Fast Disintegrating Tablet 28's	Kokando Company Limited	85.00	35,700.00
<b>GRAND TOTAL =</b>								<b>Php</b>	<b>89,600.00</b>

**Terms and Conditions :**

1. The prices of the awarded item(s) shall be valid until December 31, 2021.
2. Conforms on the attached Terms of Reference, if applicable
2. Staggered delivery, staggered payment.
3. Delivery Schedule: Within Seven (7) working days upon receipt of Delivery Order Slip.
4. Drugs and Medicines to be delivered should have expiration of at least one (1) year and longer or as expressed/required by Pharmacy Division.
5. The quantities specified are estimated requirements during the period and may be decreased depending upon the actual need of PCMC. It is understood therefore that PCMC is not bound to order / purchase all the items / quantities called for on this Notice of Award.
6. The supplier should submit Materials Safety Data Sheet upon initial delivery, if applicable.



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**ZUELLIG PHARMA CORP. JV with INTERPHIL LABORATORIES INC.**

27 AUG 2021

You are hereby required to provide on or before \_\_\_\_\_ the Performance Security in either of the following form:

FORM OF PERFORMANCE SECURITY	AMOUNT OF PERFORMANCE SECURITY (Equal to Percentage of the Total Contract Price)
a) Cash or cashier's/ manager's check issued by a Universal or Commercial Bank	Five percent (5%) <b><u>Php4,480.00</u></b>
b.) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank	
c) Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.	Thirty percent (30%) <b><u>Php26,880.00</u></b>

Failure to provide the Performance Security shall constitute sufficient ground for cancellation of the award and imposition of penalties/forfeiture corresponding to the Bid Security posted.

Very truly yours,

*SB Gonzales*  
**SONIA B. GONZALEZ, MD, MScHSM, MPM**  
**OIC, Executive Director** *mg*

**Conforme:**

This is to certify that the company has authorized me to accept this award, sign all related documents and hold the company bound by rules and laws applicable thereto.

I further certify that I have chosen the following mode (as checked) as the form of retention money required of us under R.A. 9184 Sec. 62.1.

- Bank Guarantee
- 1% Deduction from claims on the first payment for staggered deliveries

\_\_\_\_\_  
 Authorized Signatory  
 (Signature over printed name)

\_\_\_\_\_  
 Designation

\_\_\_\_\_  
 Date

*M*