



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

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NOTICE OF AWARD
NOA-2019-157

PERFORMANCE SECURITY	
Form:	Performance Bond
Number:	Hom-6(13)29452-19
Date Posted:	December 17, 2019
Amount:	₱900,000.00

TRANSMEDIC PHILIPPINES INC.
 Unit 9A Petron Mega Plaza,
 358 Sen. Gil Puyat, Brgy. Bel Air
 Makati City
 Tel. No.: 5317-6888

Dear Sir / Madam:

This is to inform you that based on the result of the conducted Public Bidding for the project stated below under Invitation to Bid No. IB-2019-130 as per BAC Resolution No. R2019-12-440, your proposal was found to be responsive.

QTY	UNIT	ITEM DESCRIPTION	UNIT COST (Php)
Supply and Delivery of:			
1	unit	Oscillating Sternum Saw	1,200,000.00
1	unit	Reciprocating Sternum Saw	1,330,000.00
1	unit	Battery Charging Unit Brand: Stryker (see Annex "A" for detailed specifications)	470,000.00
TOTAL COST (Php)			Php3,000,000.00

You are hereby required to provide on or before 17 DEC 2019 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%) Php150,000.00
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%) Php900,000.00

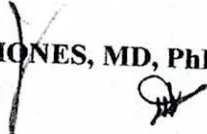


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TRANSMEDIC PHILIPPINES INC.

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,

JULIUS A. LECCIONES, MD, PhD, DPA, CESO III
Executive Director



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.


JODIE CAPUNO

Authorized Signatory (Signature over printed name)

PRODUCT AND CLINICAL SPECIALIST

Designation

DECEMBER 12 2019

Date