



Republic of the Philippines  
Department of Health  
Center for Health Development 2  
**REGION II TRAUMA AND MEDICAL CENTER**  
Bayombong, Nueva Vizcaya  
ISO 9001:2015 Certified

**NOTICE TO EXECUTE FRAMEWORK AGREEMENT  
FOR THE PROCUREMENT OF VARIOUS DENTAL SUPPLIES & INSTRUMENTS  
with Project Identification No. R2TMC-BAC2-2023-10**

NEFA No.: R2TMC/PS01/MA01/464-23  
Resolution No.: BAC2 Resolution No. 13 s.2023

March 15, 2023

**THE MANAGER  
ZUELLIG PHARMA CORP.**

KM 14 West Service Rd. South Super Hwy. Cor.  
Edison Ave. Sun Valley, Parañaque City

**Dear Sir/Madam:**

After conducting the post qualification and evaluation, the **Region II Trauma and Medical Center Bids and Awards Committee 2** has determined your bid as the **Lowest Calculated Responsive Bid** conducted on **February 28, 2023** for the **Procurement of various Dental Supplies & Instruments**, thus, this **NOTICE TO EXECUTE FRAMEWORK AGREEMENT (NEFA)** with a total contract price of equivalent to **Fifty Six Thousand Seven Hundred Fifty Pesos Only (P56,750.00)** for the *Povidone Iodine gargle*.

In connection with this, you are hereby directed to submit your Performance Security within ten (10) calendar days in any of the forms listed below together with the signed copy of this NEFA and the Framework Agreement herein attached.

<b>Form of Performance Security</b>	<b>Amount of Performance Security (Not less than the Percentage of the Total Contract Price)</b>
(a) Cash or cashier's/manager's check issued by a Universal or Commercial Bank.	Five percent (5%) <b>₱2,837.50</b>



**REGION II TRAUMA AND MEDICAL CENTER**

(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>₱17,025.00</b>
(d) Performance Securing Declaration	Please refer to page 32 of GPPB Resolution No. 16-2020 for the required format.

Very truly yours,



**RAY P. SUANDING, MD, MHA, FPCP, FPCCP**  
 Medical Center Chief II



**CONFORME:**

JONALYN FULLERON / JR  
**PRINTED NAME/ POSITION**

  
**SIGNATURE**

MARCH 15, 2023  
**DATE**