



Republic of the Philippines
CITY GOVERNMENT OF MUNTINLUPA
Bids and Awards Committee

NOTICE TO PROCEED

FARDAN MEDICAL SOLUTIONS INC.
Muntinlupa City

Dear Sir / Madame:

The attached Contract Agreement having been approved, notice is hereby given **FARDAN MEDICAL SOLUTIONS INC.** that the CONTRACT of the City Government of Muntinlupa for the "**Supply & Delivery of Various Medicines for Kalingang Munti Action Center (KMAC)**", shall commence effective FIVE (5) DAYS after acknowledging receipt hereof.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and Schedule of Delivery.

Please acknowledge receipt and acceptance of this notice by signing both copies on the space provided below. Kindly keep one (1) copy and return the other copy to the Bids and Awards Committee Secretariat.

Very truly yours,


Hon. **ROZZANO RUFINO B. BIAZON**
City Mayor

I acknowledge receipt of this Notice on 5-19-2023

Name of the Bidder or Representative Mary Grace Vasquez

Authorized signature 

Contract Agreement

THIS AGREEMENT made the _____ day of ~~APR 28 2020~~ between **CITY GOVERNMENT OF MUNTINLUPA** of the Philippines (hereinafter called "the Entity") of the one part and **FARDAN MEDICAL SOLUTIONS INC.** with address at Muntinlupa City (hereinafter called "the Supplier") of the other part;

WHEREAS, the Entity invited Bids for certain goods and ancillary services, particularly for the **Supply & Delivery of Various Medicines for Kalingang Munti Action Center (KMAC)** and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of **Two Million Two Hundred Eighty Thousand One Hundred Seventy Five Pesos (P2,280,175.00)**(hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be read and construed as *integral part of this Agreement, viz.:*
 - i. Philippine Bidding Documents (PBDs);
 - i. Schedule of Requirements;
 - ii. Technical Specifications;
 - iii. General and Special Conditions of Contract; and
 - iv. Supplemental or Bid Bulletins, if any
 - ii. Winning bidder's bid, including the Eligibility requirements, Technical and Financial Proposals, and all other documents or statements submitted;

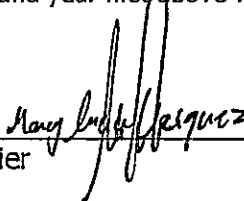
Bid form, including all the documents/statements contained in the Bidder's bidding envelopes, as annexes, and all other documents submitted (*e.g.*, Bidder's response to request for clarifications on the bid), including corrections to the bid, if any, resulting from the Procuring Entity's bid evaluation;

- iii. Performance Security;
- iv. Notice of Award of Contract; and the Bidder's conforme thereto; and
- v. Other contract documents that may be required by existing laws and/or the Procuring Entity concerned in the PBDs. **Winning bidder agrees that additional contract documents or information prescribed by the GPPB that are subsequently required for submission after the contract execution, such as the Notice to Proceed, Variation Orders, and Warranty Security, shall likewise form part of the Contract.**

3. In consideration for the sum of **Two Million Two Hundred Eighty Thousand One Hundred Seventy Five Pesos (P2,280,175.00)** or such other sums as may be ascertained, **FARDAN MEDICAL SOLUTIONS INC.** agrees to the **Supply & Delivery of Various Medicines for Kalingang Munti Action Center (KMAC)** in accordance with his/her/its Bid.
4. The City Government of Muntinlupa agrees to pay the above-mentioned sum in accordance with the terms of the Bidding.


IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with the laws of the Republic of the Philippines on the day and year first above written.

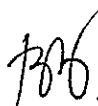

Hon. ROZZANO RUFINO B. BIAZON
 City Mayor


 Supplier

for:
CITY GOVERNMENT OF MUNTINLUPA

for:
FARDAN MEDICAL SOLUTIONS INC.


 Irene Mabonao

Signed in the presence of: 
 Belinda Bressie Macagaya

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
 CITY OF MUNTINLUPA)

APR 28 2023

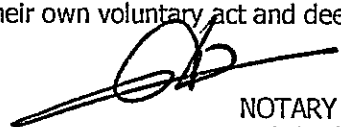
BEFORE ME, a Notary Public for and in Muntinlupa City, this ___ day of _____ 2023, personally appeared:

NAME
 Hon. ROZZANO RUFINO B. BIAZON
Mary Grace Vasquez

GOVERNMENT ISSUED ID NO.
 Driver's License N03-86-030998
03-025811875-9

Known to me and to me known to be the same persons who executed the foregoing instrument and acknowledged to me that the same is their own voluntary act and deed.

WITNESS MY HAND SEAL.


 NOTARY PUBLIC.
ATTY. CRISTETO REY R. GONZALODO
 NOTARY PUBLIC
 FOR AND IN THE CITY OF MUNTINLUPA, PHILIPPINES
 UNTIL DECEMBER 31, 2023

Doc. No. 284
 Page No. 02
 Book No. 175
 Series of 2023.

PTR NO. - 41CF 4347308/MUNTINLUPA/03JAN23
 MCLE COMPLIANCE NO. - 39-0021037*3JUN2022-14APR2025
 ROLL OF ATTORNEY NO. - 44299
 IBP LIFETIME MEMBER NO. - 05114/CPL NO. 637852/01-27-2008
 IBP CHAPTER - PPLM
 NOTARIAL COMMISSION NO. - 22-011
 405 DLA Bldg., National Road, Brgy. Putatan, Muntinlupa City
 Email Address: atty.gonzalodo@gmail.com/Contact No. 0995-833-5828



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation

PhilHealth
New Power to Health



03-025811875-4

VASQUEZ, MARY GRACE
SEPTEMBER 07, 1993 - FEMALE
15 ST MARY PROJ 8 PARADISE VILLAGE QUEZON
CITY, SECOND DISTRICT - 1100



03-025811875-4

INFORMAL ECONOMY

REPUBLIC OF THE PHILIPPINES
 DEPARTMENT OF TRANSPORTATION
 LAND TRANSPORTATION OFFICE
 NON-PROFESSIONAL DRIVER'S LICENSE



Last Name, First Name, Middle Name
BIAZON, ROZZANO RUFINO BUNOAN

Nationality Sex Date of Birth Height Weight
 PHIL M 1969 03/20 102 157

Address
 414 TAAL ST AYALA ALABANG VILLAGE,
 1111 METRO USA CITY

License No. Expiration Date Registration
 002 04-030098 2023/03/20 N45

Sex of Issue Eye Color
 M BROWN

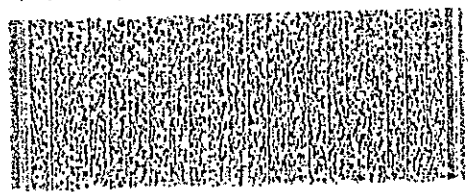
Signature: *[Signature]*
 FIGUEROA, MARICARTE
 Asst. Secy.

[Signature]
 Secretary of the Office

IN EMERGENCY CONTACT
 WITH MOTORIST AIR THROUGH
 IN CASE OF EMERGENCY ONLY
 ADDRESS: 3000 AYALA AVENUE
 METRO MANILA

- 1. THIS LICENSE IS VALID FOR THE PERIOD...
- 2. THE LICENSEE SHALL BE SUBJECT TO THE...
- 3. THE LICENSEE SHALL BE SUBJECT TO THE...
- 4. THE LICENSEE SHALL BE SUBJECT TO THE...
- 5. THE LICENSEE SHALL BE SUBJECT TO THE...
- 6. THE LICENSEE SHALL BE SUBJECT TO THE...
- 7. THE LICENSEE SHALL BE SUBJECT TO THE...
- 8. THE LICENSEE SHALL BE SUBJECT TO THE...

057291298



[Handwritten signatures and initials]

PURCHASE ORDER
City Government of Muntinlupa.

Supplier : **FARDAN MEDICAL SOLUTIONS INC.** P.O. No.: **029793**
 Address : **Quezon City** Date : **May 10, 2023**
 Mode of Procurement : **Public Bidding**

Gentlemen:
Please furnish and/or deliver to this office the following articles subject to the terms and conditions contained herein:

Place of delivery : _____ Delivery Term : _____
 Date of delivery : _____ Payment Term : _____

Item No.	Quantity	Unit	Description	Unit Cost	Amount
1	1000	pc	Amlodopin 5mg (per piece) Ant-hypertension	8.39	8,390.00
2	1000	pc	Amlodopin 10mg (per piece) Ant-hypertension	9.00	9,000.00
3	500	pc	Aciclovir 200mg Tab (per piece) Anti-viral	60.00	30,000.00
4	500	bot	Amoxicillin 100mg/10ml drops -Anti-biotic	80.50	40,250.00
5	1000	bot	Amoxicillin 250mg Susp 60ml -Anti-biotic (165ml)	104.00	104,000.00
6	1000	pc	Amoxicillin 500mg Capsule (per piece) -Anti-biotic	6.65	6,650.00
7	1000	pc	Ascorbic 500mg Tab -Vitamin C	2.25	2,250.00
8	1000	bot	Ascorbic Acid 100mg drops 15ml -Vitamin C	69.01	69,010.00
9	1000	bot	Ascorbic Acid Syrup 60ml -Vitamin C	63.00	63,000.00
10	1000	pc	Atorvastatin 20mg Tab -Anti-cholesterol	16.50	16,500.00
11	1000	pc	Betahistine 16mg Tab -Anti-Vertigo	28.50	28,500.00
12	1000	pc	Betahistine 8mg Tab -Anti-Vertigo	55.00	55,000.00
13	1000	tube	Betamethasone Ointment	343.50	343,500.00
14	1000	pc	Carbocisteine 500mg (per piece) -Mucolytic	11.00	11,000.00
15	1000	pc	Cefalexin 250mg Capsule (per piece) -Anti-biotic	14.50	14,500.00
16	1000	pc	Cefuroxime 500mg/cap (Tab only) -Anti-biotic	52.00	52,000.00
17	1000	pc	Celecoxib 200mg Tab -Pain Reliever	26.00	26,000.00
18	1000	pc	Certirizine 10mg Tab -Anti-histamine	15.00	15,000.00
19	1000	bot	Certirizine Syrup -Anti-histamine (30ml)	170.50	170,500.00
20	1000	bot	Citirizine Drops -Anti-histamine	197.00	197,000.00
21	1000	pc	Cloxacillin 500mg Capsule -Anti-biotic	17.00	17,000.00
22	1000	pc	Co-amoxiclav 625mg Tab (per tab)	36.75	36,750.00
23	500	pc	Diclofenac 50mg Tab-pain-reliever	10.00	5,000.00
24	1000	pc	Enalapril 10mg Tab -Anti-hypertension	13.50	13,500.00
25	1000	pc	Furosemide 20mg/Tab -Diuretic	5.10	5,100.00
26	500	bot	Lagundi Syrup (120ml) Forte -Anti-Cough	194.75	97,375.00
27	1000	pc	Lagundi Tablet -Anti-Cough	7.50	7,500.00
28	1000	pc	Levocetirizine Anti-histamine	23.00	23,000.00
29	1000	pc	Lozartan Potassium 50mg Tab (per tab)	9.00	9,000.00
30	1000	pc	Mefenamic Acid 500mg Tab -Pain-reliever	29.00	29,000.00
31	1000	pc	Metformim 500mg (100/Box)	2.90	2,900.00

page 1 of 2

Total Amounts in Words: _____

In case of failing to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed

Confirmer: **FARDAN MEDICAL SOLUTIONS INC.**
Signature over printed name

5-19-2023
Date

Very Truly yours,
Mayor ROZZANO RUFINO B. BIAZON
Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA7160 this portion must be accomplished)

Approved to be purchased thru Negotiated Purchas per Sangguniang Res. No.: _____

Certified Correct: _____
Secretary of the Sanggunian.

Requesting Office/Dept.

Authorized Official

Funds Available : _____
Amount: _____

R.O. No.: _____

Chief Account

5/11/23

PURCHASE ORDER
City Government of Muntinlupa.

Supplier: **FARDAN MEDICAL SOLUTIONS INC.** P.O. No.: **029793**
 Address: **Quezon City** Date: **May 10, 2023**
 Mode of Procurement: **Public Bidding**

Gentlemen:
Please furnish and/or deliver to this office the following articles subject to the terms and conditions contained herein:

Place of delivery : _____ Delivery Term : _____
 Date of delivery : _____ Payment Term : _____

Item No.	Quantity	Unit	Description	Unit Cost	Amount
32	500	pc	Metoprolol 50mg Tab -Anti-Hypertension	3.00	1,500.00
33	500	pc	Montelukast 10mg Tab (Per Tab) -Anti-Asthma	32.00	16,000.00
34	1000	bot	Multi-Vitamins Drops 15ml -Vitamins	54.50	54,500.00
35	1000	bot	Multi-Vitamins Drops 60ml -Vitamins	65.00	65,000.00
36	1000	pc	Multi-vitamins+Iron Tablet -Vitamins	11.00	11,000.00
37	500	tube	Mupirocin Ointment (10grams) -Anti-biotic	467.00	233,500.00
38	500	pc	Omeprazole 20mg Capsule -Antacid	27.00	13,500.00
39	500	pc	Omeprazole 20mg/cap -Antacid	27.00	13,500.00
40	500	pc	Paracetamol Drops (100ml) -Analgesic and Antipyretic	59.00	29,500.00
41	500	pc	Paracetamol 250mg/60ml syrup	110.50	55,250.00
42	1000	pc	Paracetamol 500mg Tab -Analgesic and Antipyretic	3.50	3,500.00
43	500	bot	Phenylpropanolamine Syrup (Nasal Decongestant)	112.00	56,000.00
44	1000	pc	Phenylpropanolamine Tablet (Nasal Decongestant)	6.00	6,000.00
45	500	bot	Phenylpropanolamine Drops (Nasal Decongestant)	80.00	40,000.00
46	1000	tube	Salbutamol Nebules (Anti-Asthma)	22.00	22,000.00
47	500	pc	Salbutamol +Guaifenesin Capsule (Anti-Cough)	6.75	3,375.00
48	500	bot	Salbutamol + Guaefenesin Syrup 100ml Syrup (Anti-cough)	284.75	142,375.00
49	1000	pc	Vitamin B-Complex Tablet	5.50	5,500.00
			Supplier must submit Valid LTO, CPR, Certificate of Analysis, Certificate of Good Manufacturing Product and Certificate of Distributorship All medicines should have at least two (2) years expiration date from the date of delivery. xxxxxxxxxxxxxxxxxxxxxxxxx aua xxxxxxxxxxxxxxxxxxxxxxxxxxxx Supply and Delivery of Medicines for Kalingang Munti Action Center (KMAC)		=====
					P2,280,175.00

Total Amounts in Words: _____

In case of failing to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Confrom: **FARDAN MEDICAL SOLUTIONS INC.** Very Truly yours,
 Signature over printed name **Mayor ROZZANO RUBINO B. BIAZON**
 Authorized Official
 Date: **5-19-2023**

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA7160 this portion must be accomplished) Approved to be purchased thru Negotiated Purchas per Sangguniang Res. No.: _____ Certified Correct: _____ Secretary of the Sanggunian	Requesting Office/Dept. _____ Authorized Official _____	Funds Available : _____ Amount: _____ R.O. No.: _____ Chief Account _____