



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

NOTICE TO PROCEED

REGIMED PHARMACEUTICAL
 Quezon City

Dear Sir / Madame:

The attached Contract Agreement having been approved, notice is hereby given to **REGIMED PHARMACEUTICAL** that the CONTRACT of the City Government of Muntinlupa for the **"Supply & Delivery of Drugs & Medicines for the Different Health Centers"**, 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 JAN. 15, 2024

Name of the Bidder or Representative IMELDA S. CERVANTES

Authorized signature 

Contract Agreement

DEC 20 2023

THIS AGREEMENT made the _____ day of _____ 20____ between **CITY GOVERNMENT OF MUNTINLUPA** of the Philippines (hereinafter called "the Entity") of the one part and **REGIMED PHARMACEUTICAL** with address at Quezon 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 Drugs & Medicines for the Different Health Centers** and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of **Six Million Five Hundred Eighty Five Thousand Five Hundred Thirty Nine Pesos (6,585,539.00)** (hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

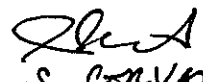
1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be 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 **Six Million Five Hundred Eighty Five Thousand Five Hundred Thirty Nine Pesos (6,585,539.00)** or such other sums as may be ascertained, **REGIMED PHARMACEUTICAL** agrees to the **Supply & Delivery of Drugs & Medicines for the Different Health Centers** 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


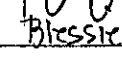
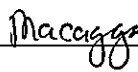

IMELDA S. CERVANTES
 Supplier

for:
CITY GOVERNMENT OF MUNTINLUPA

for:
REGIMED PHARMACEUTICAL


IMELDA S. CERVANTES

Signed in the presence of:


Belinda 
Blessie 
Macagay

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
 CITY OF MUNTINLUPA)

DEC 20 2023


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

NAME	GOVERNMENT ISSUED ID NO.
Hon. ROZZANO RUFINO B. BIAZON <u>Imelda Cervantes</u>	Driver's License N03-86-030998 <u>Driver's License N04-89-112575</u>

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.

Doc. No. 217;
 Page No. 45;
 Book No. XIII;
 Series of 2023.


 NOTARY PUBLIC
MEYNARD R. JOB
 Notary Public for Muntinlupa City
 Notarial Commission No. 23-099
 Until December 31, 2024
 PTR No. 4347537 / Jan. 03, 2023 / Muntinlupa City,
 IBP Lifetime O.R. No. 1010271 / Jan. 04, 2016
 Roll No. 49786 / PPLM
 ALE Compliance No. VII-0916017 / April 26, 2022
 2724-C Bruger Street, Bruger Subdivision,
 Muntinlupa City



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF TRANSPORTATION
LAND TRANSPORTATION OFFICE



NON-PROFESSIONAL DRIVER'S LICENSE



Last Name, First Name, Middle Name
CERVANTES, IMELDA SINGH

Nationality	Sex	Date of Birth	Weight (kg)	Height(m)
PHL	F	1965/11/21	55	1.55

Address
**LOT 2-B BLK 6 FAITH COR BETHLEHEM STS.
MULTINATIONAL VILL PARANAQUE CITY**

License No.	Expiration Date	Agency Code
NO4-89-112575	2024/11/21	N29

Blood Type	Eyes Color
O+	BLACK

Restrictions	Conditions
2	NONE

Signature of Licensee: *[Handwritten Signature]*

EDGAR C. GALVANTE
Assistant Secretary

Signature of Licensee

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



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

Nationality Sex Date of Birth Weight (kg) Height (cm)
 PHL M 1969-03/20 103 177

Address
 316 TAAL ST AYALA ALADANG VILLAGE,
 CALATAGUAN CITY

Issue Date Expiration Date Agency Code
 2023/03/20 2023/03/20 1140

Class of License
 1.2
 Description
 PROVED
 Compliance
 A

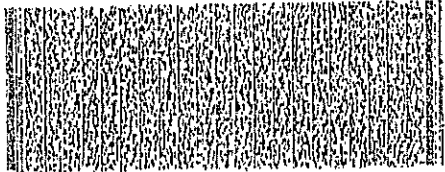
[Signature]
 Signature of Licensee

[Signature]
 EDGAR C. ALVAREZ
 Assistant Secretary

1. This license is valid for the holder to drive motor vehicles of the following classes:
 1.2. PROVED
 2. MOTORCYCLES
 3. TRUCKS
 4. BUSES
 5. TAXIS
 6. PASSENGER VEHICLES
 7. SPECIAL PURPOSE VEHICLES
 8. OTHER VEHICLES AS PROVIDED BY LAW

2. This license is valid for the holder to drive motor vehicles of the following classes:
 1.2. PROVED
 2. MOTORCYCLES
 3. TRUCKS
 4. BUSES
 5. TAXIS
 6. PASSENGER VEHICLES
 7. SPECIAL PURPOSE VEHICLES
 8. OTHER VEHICLES AS PROVIDED BY LAW

License Number
 057291296



IN EMERGENCY NOTIFICATION:
 NAME, ADDRESS, PHONE NO., AND
 ADDRESS OF EMERGENCY SERVICE PROVIDER
 MUST BE PROVIDED TO THE
 POLICE AND FIRE DEPARTMENT

[Handwritten signature]

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PURCHASE ORDER

City Government of Muntinlupa

Supplier : REGIMED PHARMACEUTICAL/ P.O. No.: 31093
 Address : Quezon City Date : December 22, 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	300	box	Amlodipine 10mg tab. 100's/SITIVAX/GEN	479.50	143,850.00
2	3000	box	Amlodipine 5mg tab. 100's/REGIVASC/GEN	299.80	899,400.00
3	144	bot	Amoxicillin 100mg/ml Drops 10 ml/AXMEL/GEN	24.50	3,528.00
4	20	box	Amoxicillin 250mg cap. 100's/AXMEL/GEN	230.00	4,600.00
5	200	box	Amoxicillin 500mg cap. 100's/EPPITRXIL/GEN	395.00	79,000.00
6	1500	vial	Purified Rabies Vaccine for Human use 2.5 I.U./SPEEDA/GEN	1,330.50	1,995,750.00
7	1440	bot	Ascorbic acid 100mg/5ml Syrup 60ml/MYREVIT/GEN	39.50	56,880.00
8	75	box	Ascorbic acid 500mg tab 100's/ENOCEE/GENERIC	240.00	18,000.00
9	576	bot	Ascorbic acid drops 15 ml/APCEE DROPS/GEN	35.00	20,160.00
10	1000	box	Atorvastatin 20mg tab. 100's/FREDTOR/GEN	1,330.00	1,330,000.00
11	800	box	Azithromycin 500mg tab 3's/AZITHROM/GEM	104.50	83,600.00
12	40	box	Ciprofloxacin 500mg tab 100's/CYFROC/GENERIC	448.00	17,920.00
13	40	box	Cefalexin 500mg cap. 100's/EXEL/GENERIC	410.00	16,400.00
14	200	bot	Cefuroxime 250 mg/5ml susp 50ml/SQCEF/GENERIC	210.50	42,100.00
15	300	box	Cefuroxime 500 mg tab 10s/THEOROXIME/GEN	438.00	131,400.00
16	40	box	Cetirizine 10mg tab. 100's/CITICIT/GEN	278.00	11,120.00
17	70	box	Celecoxib 200mg tablet 100'S/EMICOX-200/GEN	890.00	62,300.00
18	20	box	Clonidine 75mcg tab. 100's /CATAMED/GEN	530.00	10,600.00
19	40	box	Cloxacillin 500 mg caps, 100's/HAIXYL/GEN	475.00	19,000.00
20	500	bot	Co-Amoxiclav 400/57 mg/60ml/ MEOXICLAV-DS/GEN	252.00	126,000.00
21	600	box	Co-Amoxiclav 625mg tab. 14 s/ RANICLAV/GEN	265.00	159,000.00
22	120	box	Ipratropium + Salbutamol nebulas 25's/HIVENT PLUS/GEN	810.00	97,200.00
23	70	box	Lagundi 300mg tab. 100's/OFPLEMED/GEN	252.00	17,640.00
24	576	bot	Lagundi 300mg/5ml syrup 60ml/OFPLEMED/GEN	108.00	62,208.00
25	250	box	Lagundi 600mg caplet. 100's/OFPLEMED FORTE	328.00	82,000.00
26	10	box	Loratadine 10mg tab 100's/LORSAPH/GEN	132.00	1,320.00
27	150	box	Losartan potassium 100mg tab. 100's/SAPHLOR-100/GEN	398.00	59,700.00
28	250	box	Losartan potassium 50mg tab. 100's/LOSAAR 50/GEN	201.00	50,250.00
29	75	box	Meenamic acid 500mg tab. 100's/GOPAIN/GEN	125.00	9,375.00
30	200	box	Multivitamins Capsule, 100's/MYREVIT/GEN	175.00	35,000.00
31	144	bot	Multivitamins drops 15ml/MYREVIT/GEN	22.00	3,168.00
32	1440	bot	Multivitamins syrup 60ml/MYREVIT/GEN	39.50	56,880.00
33	200	tube	Mupirocin Ointment 5 gms/MUPIREX/GEN	135.00	27,000.00

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

Confrome: REGIMED PHARMACEUTICAL
 Signature over printed name
JAN. 15, 2024
 Date

Very Truly Yours,
ROZZANO RUFINO B. BIAZON
 Authorized Official

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

310 1/3/24

