



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

**NOTICE TO PROCEED**

**FARDAN MEDICAL SOLUTIONS INC.**

Quezon 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 Examination & Surgical Gloves to be used by OSMUN**", 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 MAY 6 2024

Name of the Bidder or Representative SHARON VINCE L. HICARIO

Authorized signature 

## **Contract Agreement**

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THIS AGREEMENT made the MAR 20 2024 day of \_\_\_\_\_ 20\_\_\_\_ between **CITY GOVERNMENT OF MUNTINLUPA** of the Philippines (hereinafter called "the Entity") of the one part and **FARDAN MEDICAL SOLUTIONS INC.** 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 Examination & Surgical Gloves to be used by OSMUN** and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of **Two Million One Hundred Ten Thousand Eight Hundred Fifty Pesos (P2,110,850.00)**(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 One Hundred Ten Thousand Eight Hundred Fifty Pesos (P2,110,850.00)** or such other sums as may be ascertained, **FARDAN MEDICAL SOLUTIONS INC.** agrees to the **Supply & Delivery of Examination & Surgical Gloves to be used by OSMUN** 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.

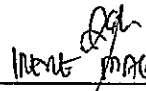
IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with the laws of the Republic of the Philippines on the day and year first above written.

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


  
**BERNADETH MARQUEZ**  
 Supplier

for:  
**CITY GOVERNMENT OF MUNTINLUPA**

for:  
**FARDAN MEDICAL SOLUTIONS INC.**

  
 \_\_\_\_\_

Signed in the presence of:

  
 Belinda Alessi Macay  
 \_\_\_\_\_

**ACKNOWLEDGEMENT**

REPUBLIC OF THE PHILIPPINES )  
 CITY OF MUNTINLUPA CITY )

QUEZON CITY

MAR 20 2024

BEFORE ME, a Notary Public for and in Muntinlupa City, this \_\_\_ day of \_\_\_\_\_ 2024, personally appeared:

NAME  
 Hon. ROZZANO RUFINO B. BIAZON  
 \_\_\_\_\_

GOVERNMENT ISSUED ID NO.  
 Driver's License N03-86-030998  
 \_\_\_\_\_

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.

  
**ATTY. ROSALINDA SORIANO MONTENEGRO**  
 NOTARY PUBLIC.

My Commission expire on 03/31/2025  
 Administrative Matter No. NP-SC7(2024-2025)  
 PTR No. 5555358 01/03/2024-Q.C.  
 IBP OR No. 357258 01/05/2024-Q.C.  
 ROLL No. 68465

Doc. No. SU;  
 Page No. 11;  
 Book No. VI;  
 Series of 2024.

MCLE Compliance No. VII-0021672 Valid Until April 14, 2025



REPUBLIKA NG PILIPINAS

Republic of the Philippines

PAMBANSANG PAGKAKAILANLAN

Philippine Identification Card



5942-3173-5219-5496



Apelyido/Last Name

MARQUEZ

Mga Pangalan/Given Names

BERNADETH

Gitnang Apelyido/Middle Name

DUZA

Paksa ng Kapanganakan/Date of Birth

JULY 24, 1992

PHL

Tirahan/Address

#235 POOK MASAGANA, BRGY. BAHAY TORO, BAHAY TORO  
QUEZON CITY, NCR, SECOND DISTRICT



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



Last Name, First Name, Middle Name  
**BLAZON, ROZZANO RUFINO BUNOAN**

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

Address  
 419 TAAL ST AYALA ALABANG VILLAGE,  
 PASIG CITY

License No. Expiration Date Agency Code  
 763-86-030998 2027/03/20 1489

Weight Class Eye Color  
 B- BROWN

Classification Condition Code  
 2,2, A

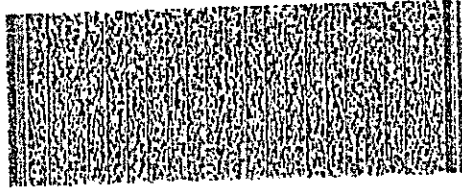
*[Signature]*  
 EDGAR C. SALVANTE  
 Assistant Secretary

*[Signature]*  
 Signature of Licensee

IR ORGANIZATION  
 I WILL NOT DUPLICATE ANY ORGAN  
 IV. IN CASE OF EMERGENCY NOTIFY:  
 NAME: CONTACT NAME AND ADDRESS  
 ADDRESS: SAME ADDRESS  
 TEL: TEL. NUMBER

- REMARKS**
1. RECORDING IS INTERVIEW TO QUALIFY
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057291296



*[Handwritten Signature]*

*[Handwritten Signature]*

*[Handwritten Signature]*

**PURCHASE ORDER**  
City Government of Muntinlupa

**FARDAN MEDICAL SOLUTIONS INC.**

Supplier: Quezon City

P.O. No.:

**31574**

April 16, 2024

Address :

Date :

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	2,100	box	Examination Gloves Latexdispoable/powder free large (50pairs/box)	281.50	591,150.00
2	2,800	box	Examination Gloves Latex disposable/powder free meduim (50pairs/box)	281.50	788,200.00
3	1,400	box	Examination Gloves Latex disposable/powder free small (50pairs/box)	281.50	394,100.00
4	20	box	Ntrile Disposable Gloves Medium (50pairs/box)	350.00	7,000.00
5	1,200	box	Surgical Gloves powder free 1/2" cuff / tapered cuff design	28.00	33,600.00
6	4,000	pair	Surgical Gloves powder free 1/2" cuff / tapered cuff design to prevents roll down/anti slip finish/vacuum packed (1pair/pack) Size 6.5	28.00	112,000.00
7	4,000	pair	Surgical Gloves powder free 1/2" cuff / tapered cuff design to prevents roll down/anti slip finish/vacuum packed (1pair/pack) Size 7.0	28.00	112,000.00
8	2,000	pair	Surgical Gloves powder free 1/2" cuff / tapered cuff design to prevents roll down/anti slip finish/vacuum packed (1pair/pack) Size 7.5	28.00	56,000.00
9	600	pair	Surgical Gloves powder free 1/2" cuff / tapered cuff design to prevents roll down/anti slip finish/vacuum packed (1pair/pack) Size 8.0	28.00	16,800.00
					=====
					2,110,850.00

XX

Used to Prevent cross-contamination etween patients and healthcare Worker by OSMUN.

Total Amounts in Words: \_\_\_\_\_

In case of-failure 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

Conforme: FARDAN MEDICAL SOLUTIONS INC.

Signature over printed name

MAY. 6. 2024

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 Purchase per Sangguniang Res. No.: \_\_\_\_\_

Certified Correct: \_\_\_\_\_

Secretary of the Sanggunian

Requesting Office/Dept.

Authorized Official

Funds Available : \_\_\_\_\_  
Amount: \_\_\_\_\_

R.O. No.: \_\_\_\_\_

Chief Account

5/21/24