



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

NOTICE TO PROCEED

KURTMED MEDICAL DISTRIBUTION INC.

Quezon City

Dear Sir / Madame:

The attached Contract Agreement having been approved, notice is hereby given **KURTMED MEDICAL DISTRIBUTION INC.** that the CONTRACT of the City Government of Muntinlupa for the "**Supply & Delivery of Hypnotics & Sedatives 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 6/5/24

Name of the Bidder or Representative KURT TAN

Authorized signature 

Contract Agreement

MAY 28 2024

THIS AGREEMENT made the ____ day of _____ 20____ between **CITY GOVERNMENT OF MUNTINLUPA** of the Philippines (hereinafter called "the Entity") of the one part and **KURTMED MEDICAL DISTRIBUTION 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 Medicines to be used for Diagnostic Procedures & Patient Care** and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of **One Million Eight Hundred Forty Two Thousand Pesos (P1,842,000.00)** (hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

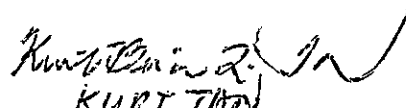
1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be 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 **One Million Eight Hundred Forty Two Thousand Pesos (P1,842,000.00)** or such other sums as may be ascertained, **KURTMED MEDICAL DISTRIBUTION INC.** agrees to the **Supply & Delivery of Medicines to be used for Diagnostic Procedures & Patient Care** 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

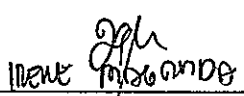



KURT TIRON
 Supplier

for:
CITY GOVERNMENT OF MUNTINLUPA

for:
KURTMED MEDICAL DISTRIBUTION INC.

Signed in the presence of:




Etchinda Bessie Macagaya

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
 CITY OF MUNTINLUPA)

MAY 28 2024

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

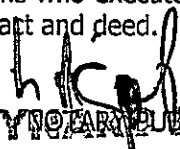
NAME
 Hon. ROZZANO RUFINO B. BIAZON
Kurt Biazon R. Bin

GOVERNMENT ISSUED ID NO.
 Driver's License N03-86-030998
 DL Card No. N25-01-097299

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. 95;
 Page No. 19;
 Book No. XX;
 Series of 2024.


MEYNOTARY PUBLIC JOB
 Notary Public for Muntinlupa City
 Notarial Commission No. 23-009
 Until December 31, 2024
 PTR No. 20474121 / Jan. 02, 2024- Muntinlupa City
 IBP Lifetime No. 614640 / Jan. 04, 2016
 Roll No. 49786 / PPLM
 MCLE Compliance No. VII-0916417 / April 26, 2022
 2731-C Bruger Street, Bruger Subdivision,
 Putatan, Muntinlupa City



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF TRANSPORTATION
LAND TRANSPORTATION OFFICE



NON-PROFESSIONAL DRIVER'S LICENSE

Last Name, First Name, Middle Name
TAN, KURT BRIAN LIM

Nationality Sex Date of Birth Weight (kg) Height(m)
PHL M 1983/02/25 100 1.76

Address
149 CONGRESSIONAL AVE PROJ 8 QUEZON CITY



Kurt Brian Lim
Signature of Licensee

License No. Expiration Date Agency Code
N25-01-087399 2025/02/26 N39

Blood Type Eyes Color
A+ BROWN

Restrictions Conditions
2 NONE

Edgar C. Calvante
EDGAR C. CALVANTE
Assistant Secretary



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 Weight (kg) Height (m)
PHIL M 1969-03/28 103 1.77

Address
419 TAAL ST AYALA ALABANG VILLAGE,
MINTHUPA CITY

License No. Expiration Date Agency Code
202-06-030998 2023/03/28 N49

Color of Eyes Eye Color
BROWN

Color of Hair Hair Color
A

Edgar C. Alvarez
EDGAR C. ALVAREZ
Acting Secretary

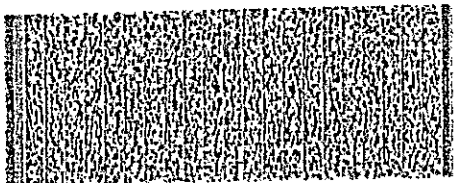
[Signature]
Signature of Licensee

III. ORANGE DEVIATION:
I. HALL - NOT NEARBY ANY JAILMAN
IV. IN CASE OF EMERGENCY NOTIFY:
APPLICANT/ISSUE: MARY B. BAZON
ADDRESS: BAZON ADDRESS
TEL: 0917723119

- 1. AUTHORITY
- 2. EXPIRES
- 3. EXPIRES
- 4. EXPIRES
- 5. EXPIRES
- 6. EXPIRES
- 7. EXPIRES
- 8. EXPIRES

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- 8. EXPIRES

Serial Number
057294296



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PURCHASE ORDER

City Government of Muntinlupa

Supplier : KURTMED MEDICAL DISTRIBUTION INC / P.O. No.: 31881
Address : Quezon City Date : May 28, 2024 /
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	400	amp	HYPNOTICS & SEDATIVES (CNS) Midazolam 5mg/5ml amp (1's/box) **DD	250.00	100,000.00
2	4000	amp	VASOCONSTRICTOR Norepinephrine 1mg/ml 4ml amp (10's/box) PHILNOR	315.00	1,260,000.00
3	1200	amp	ANTIHYPERTENSIVE (CVS) Nicardepine 10mg/10ml amp (1's/box) NICARSAPH	300.00	360,000.00
4	1000	amp	ANALGESIC/ADJUNCT TO ANESTHESIA Nalbuphine 10mg/ml amp (10's/box) ** DD NUKAINE	122.00	122,000.00
			XXggaxxx Supply & Delivery of Hypnotics & Sedatives to be used by OSM/JN		===== 1,842,000.00

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: KURTMED MEDICAL DISTRIBUTION INC Very Truly Yours, Mayor ROZZANO RUFINO B. BIAZON
Signature over printed name Authorized Official
6/3/24
Date

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