CONTR	ACT/P	URCHAS	E ORDER

No.

PEDZILIMIZKI KER

To:	PHARMALLY PHARMACEUTICAL.	
	CODDOD ATTON	

Unit 8 & 9 22nd Floor Fort Victoria Tower B. 5th Ave. cor. 23rd St...

Taguig City

Time 02 202

Reference: PUBLIC BIDDING No.

AMP 21-017 Date of PB:

05/14/2021

Please deliver the article(s)/product(s)/supplies/materials listed below priced in accordance with your Quotation subject to the Terms and Conditions enumerated at dated. -XXXXthe back hereof:XXX-

Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
1	Supply and Delivery of BGI Real Time Fluorescent	17,000	kits	45,550.0000	774,350,000.00
	RT-PCR, Catalog No. MFG 030010			()	
	For complete and detailed specifications, please refer to the attached Technical Evaluation Report and Contract Negotiation Matrix which form part of this Purchase Order.				
	The inspections and tests that will be conducted shall be in accordance with Technical Specifications.				
	Subject to Expanded Withholding Tax, Final Withholding Tax and Other Percentage Taxes Reference: R.A. 9337, Revenue Regulation Nos. 16-05, 14-02, 12-01 & 2-98.				
	In order to assure that manufacturing defects shall be corrected by the Supplier, a warranty covered by either retention money or special bank guarantee equivalent to at least 1% for every progress payment shall be required for a period of three (3)				
	The state of the s				
			7	TOTAL AMOUNT	₱ 774,350,000.00
PL	ACE OF DELIVERY:	DELIVERY	Y INSTRUC	CTIONS:	
Pi	lease see above instructions.	Pleas	e see abov	ve instructions.	
FUN	SIGNATURE REDACTED MOSHUA \$. LAURE (2 2021	The state of		URE REDACTED	6/2/21
_	ACCOUNTANT		IREC		DATE
PH	Purchase Order received and acceptance of the IARMALLY PHARMACEUTICAL Ma Krize Communication of the IARMALLY PHARMACEUTICAL		s enur	umerated at the back here	eof:
	CORPORATION AUTHORIZED REPRESE	ENTATIVE		DATE RECEIVED	DUE DATE

NAME OF SUPPLIER

AUTHORIZED REPRESENTATIVE (SIGNATURE OVER PRINTED NAME



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No.

PO21-00233 -CSE

To:	PHARMALLY P	HARMACEUTICAL
10.	CORPORATION	Į.

Unit 8 & 9 22nd Floor Fort Victoria Tower B. 5th Ave. cor. 23rd St.

Taguing City

Date ___ June 02, 2021 Reference: PUBLIC

BIDDING No. AMP 21-017 Date of PB:

05/14/2021

Pleas	e deliver the article(s)/produ	ıct(s)/supplies/materials li	sted below pri	ced in accor	dance with your Quotation
No	dated		subject to the	Terms and	Conditions enumerated at
the back here	eof:XXX-	-XXX-	•		

Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE		AMOUNT
	months after acceptance by the Procuring Entity of the delivered supplies.					
	Please submit DR/Invoice & Copy of P.O to the Inspection Division after direct delivery of this item.					
	Please submit Warranty Certificate, if applicable.					
	As a precondition for payment submit authenticated Import documents per DOF Order No. 87-91, if applicable					
	The following documents shall be deemed to form and be rea and construed as part of this Purchase Order;	1				
	a)The Supplier's Bid, including the Fechnical and Financial Proposals, and all other documents/Statements submitted (e.g. bidder's response to clarifications on the bid), including corrections to the bid resulting from the Procuring Entity's bi					
	·	,		TOTAL AMOUNT	₽	774,350,000.00

PLACE OF DELIVERY:

Please see above instructions.

DELIVERY INSTRUCTIONS:

Please see above instructions.

FUND SIGNATURE REDACTED

> JOSHUA S, LAURE ACCOUNTANT

SIGNATURE REDACTED

ATTY. JASONMER L. UAYAN DIRECTOR

SIGNATURE REDACTED

AUTHO

PHARMALLY PHARMACEUTICAL as enumerated at the back hereof: Ms. Krizle Grace II. Mago

CORPORATION NAME OF SUPPLIER

AUTHORIZED REPRESENTATIVE (SIGNATURE OVER PRINTED NAME

06/03/2021 DATE RECEIVED

DUE DATE



CONTRACT/PURCHASE ORDER

No.

PC121_002A3_CSF

То:	PHARMALLY PHARMACEUTICAL CORPORATION
	Unit 8 & 9 22nd Floor Fort Victoria
	Tower B. 5th Ave. cor. 23rd St.,

Taguig City

Reference: PUBLIC BIDDING No. AMP 21-017

June 02, 2021

Date of PB:_

05/14/2021

Please deliver the article(s)/product(s)/supplies/materials listed below priced in accordance with your Quotation subject to the Terms and Conditions enumerated at dated_ No. -XXXthe back hereof:XXX-

Item No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
	evaluation;				
	b)The Schedule of Requirements; c)The Technical Specifications and;				
	d) The Entity's Notice of Award				
	DELIVERY INSTRUCTIONS:				
	1st Tranche: 6,5(ii) kits within 15 calendar days upon recent of Notice to Proceed;				2 Y
	2nd Tranche: 10,500 kits within 30 calendar days upon recen	t			
	of Notice to Proceed.				* .
	Note: 1. Delivery schedule are non extendables.				
	2. All fees, taxes, duties and other incidental charges shall be				
	borne by the supplier before delivery.				
	DELIVERY SITE: DOH Warehouse(s) or Service Provider(s) in Metro Manila				
	(A) IT Wateringse(8) of Service Provider(8) in Westo Water			47	The state of the s
					·
				TOTAL AMOUNT	₱ 774,350,000.00

PLACE OF DELIVERY:

Please see above instructions.

DELIVERY INSTRUCTIONS:

Please see above instructions.

SIGNATURE REDACTED

JOSHUA'S LAURE **ACCOUNTANT**

SIGNATURE REDACTED

ATTY. JASONMER L. UAYAN DIRECTOR

6/2/21 DATE

SIGNATURE REDACTED

inditions enumerated at the back hereof: Ma Krize Grace II Mago

Purchase Order received and accepte
PHARMALLY PHARMACEUTICAL CORPORATION

NAME OF SUPPLIER

AUTHORIZED REPRESENTATIVE (SIGNATURE OVER PRINTED NAME)

06 03 2021 DATE RECEIVED

DUE DATE

COPY FOR: PROCUREMENT DIVISION



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0				1		0	1 /					16	40	2				 1

No. PO21-00233 -CSE PHARMALLY PHARMACEUTICAL Date _____ June 02, 2021 Reference: PUBLIC Unit 8 & 9 22nd Floor Fort Victoria **BIDDING No.** AMP 21-017 \ 05/14/2021 Please deliver the article(s)/product(s)/supplies/materials listed below priced in accordance with your Quotation _ subject to the Terms and Conditions enumerated at _dated_

Item ITE No.	M and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
Paymen mspecte	ENT TERMS: t will be made based on actual quantities delivered, d and accepted subject to compliance with all y documents.				
Departn APR No	nent of Health NTD21-001039\and NTD21-001354				
				,	
					, ·×
				TOTAL AMOUNT	p 774,350,000.00

-XXX-

PLACE OF DELIVERY:

To:

CORPORATION

Taguig City

the back hereof: XXX-

Tower B. 5th Ave. cor. 23rd St..

Please see above instructions.

DELIVERY INSTRUCTIONS:

Please see above instructions.

SIGNATURE REDACTED

JOSHUA S. LAURE

ACCOUNTANT

SIGNATURE REDACTED

ATTY. JASONMER L. UAYAN DIRECTOR

Purchase Order received and accepharmally Pharmaceutical

SIGNATURE REDACTED

AUTH

ions enumerated at the back hereof: Ma. Krizle (Whice U. Mago

CORPORATION -NAME OF SUPPLIER

AUTHORIZED REPRESENTATIVE (SIGNATURE OVER PRINTED NAME)

06/03/2021 DATE RECEIVED

DUE DATE

COPY FOR: PROCUREMENT DIVISION



Republic of the Philippines Department of Budget and Management PROCUREMENT SERVICE -PHILIPPINE GOVERNMENT ELECTRONIC PROCUREMENT SYSTEM



NOTICE TO PROCEED

02 June 2021

PO No. 21-00233 NOA No. 2021-PSNOA033-BAC2PS

MS. KRIZLE GRACE U. MAGO

Authorized Representative

PHARMALLY PHARMACEUTICAL CORPORATION

Unit 8 & 9 22nd Floor, Fort Victoria Tower B, 5th Avenue corner 23rd St., Bonifacio Global City, Fort Bonifacio, Taguig City 1634

Dear Ms. Mago:

The attached Purchase Order having been approved, notice is hereby given to PHARMALLY PHARMACEUTICAL CORPORATION that performance Procurement of COVID-19 Testing Detection Kit - BGI Real Time Fluorescent RT-PCR for the Procurement Service for the following item/s under AMP No. 20-017, shall commence effective on the date of receipt of this Notice.

ITEM NO.	ITEM DESCRIPTION	QUANTITY / UoM	AMOUNT	TOTAL AMOUNT
1	Supply and Delivery of BGI Real Time Fluorescent RT-PCR, Catalog No. MFG 030010	17,000 kits	₱ 45,550.00	₱ 774,350,000.00

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions provided in the Purchase Order and in accordance with the Delivery Schedule.

Please acknowledge receipt of this notice by signing on the space provided below.

Very truly yours,

SIGNATURE REDACTED

ATTY, JASONMER L. UAYAN

OIC, Executive Director

Date of receipt of this notice:

JUNE 3, 2021

Name of Authorized Representative:

KRIZLE GRACE U. MAGO

Signature of Authorized Representative:

SIGNATURE REDACTED

Page 1 of 1

www.ps-philgeps.gov.ph

(02) 689 7750