



Republic of the Philippines
Department of Finance
INSURANCE COMMISSION



Certificate Number: AJA18-0159

NOTICE OF AWARD

15 November 2018

Ms. SHELO P. ABA
Authorized Representative
BEST DIAGNOSTIC CORPORATION
94 Masikap Extension
Brgy. Central, Diliman
Quezon City
Tel: (02) 920-1023/927-6783/920-2963

Dear **Ms. Aba**:

This is to inform that your proposal dated 29 October 2018 for the **Comprehensive Annual Physical Examination for the Insurance Commission Officials and Employees for CY 2018** (P.R. No. 2018-10-333) with a total contract price of **Four Million Three Hundred Ninety-Seven Thousand Four Hundred Forty Pesos (Php4,397,440.00) inclusive of all applicable taxes and charges**, as submitted in accordance with the terms of the procurement project, is hereby accepted.

Should you agree with the award of the contract, please acknowledge receipt and acceptance of this notice by signing at the portion provided below. Please return the original copy to this office at the soonest.

You are required within **ten (10) days from receipt of this Notice of Award** to post performance security in the form and amount stipulated in the Instructions to Bidders and formally enter into contract with us. Failure to enter into the said contract shall constitute a sufficient ground for cancellation of the award and forfeiture of the bid security.

Thank you.

Very truly yours,

DENNIS B. FUNA
Insurance Commissioner

[Handwritten signature]
NOV 15 2018

CONFORME:

I acknowledge receipt of this Notice on
Name of Authorized Representative
Signature of Authorized Representative

: _____
: **SHELO P. ABA**
: *[Handwritten signature]*