



Republic of the Philippines
Department of Finance
INSURANCE COMMISSION



Certificate Number: AJA18-0159

NOTICE TO PROCEED

16 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**:

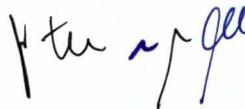
With the attached Contract Agreement having been approved, you are given notice to complete the delivery of **Comprehensive Annual Physical Examination for the Insurance Commission Officials and Employees for CY 2018 (P.R. No. 2018-10-333) starting 22 November 2018.**

Likewise, you shall be responsible for performing the required goods and services under the terms and conditions of the Agreement relative to your bid dated 29 October 2018.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Please return one copy to this office at the soonest.

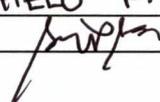
Very truly yours,


DENNIS B. FUNA
Insurance Commissioner



CONFORME:

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

: NOV 16 2018
: SHELO P. ABA
: 

332-9