



PHILIPPINE INTERNATIONAL TRADING CORPORATION

5/F NDC Building, 116 Tordesillas Street, Salcedo Village, Makati City

Request for Quotation RFQ Reference No. GPG-EP-2020-056 (EMERGENCY PROCUREMENT)

SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW STACKABLE INFUSION PUMPS AND STACKABLE SYRINGE PUMPS WITH DOCKING STATIONS FOR THE PHILIPPINE GENERAL HOSPITAL (PGH)

The **Philippine International Trading Corporation (PITC)** and the **Philippine General Hospital (PGH)** intend to apply the sum of the following amounts being the Approved Budget for the Contract (ABC) to payments under the contracts for the corresponding items, more particularly described as follows:

Item No.	Item Description	Quantity	Approved Budget for the Contract (ABC) (₱) (VAT Inclusive)	
			Unit Price	Total Price
One (1) Lot consisting of the following items:				
1.	Stackable Infusion Pumps with Ten (10) Docking Stations	85 units	75,000.00	6,375,000.00
2.	Stackable Syringe Pumps with Ten (10) Docking Stations	85 units	75,000.00	6,375,000.00
TOTAL ABC FOR THE LOT (₱)				12,750,000.00

NOTE:

Bids received in excess of the ABC shall be automatically rejected.

May we request Authorized Manufacturers/ Local First-Tier Distributors to submit quotation under the following requirements, terms and conditions for compliance. **Local First Tier Distributor** are those directly appointed by the principal manufacturer.

For submission:

1. Minimum Eligibility Requirements:

- a. Valid and current PhilGEPS Registration
- b. DTI or SEC Registration;
- c. Business / Mayor's Permit for 2020 issued by the city or municipality where the principal place of business of the prospective supplier is located;
- d. Valid and current Tax Clearance

2. Technical Requirements:

- a. Completely filled out PITC Technical Quotation Forms: **Annex I**;
- b. Product Brochure / Technical Data Sheet and Instructions to use in Hard Copies (English Language) of the item/s being offered **showing compliance** to the technical specifications of the following:
 - Stackable Infusion Pumps
 - Stackable Syringe Pumps
 - Docking Stations



- c. **For Manufacturers:** Certification that the supplier has been in the business of manufacturing infusion equipment for at least ten (10) years.

OR

For Local First Tier Distributors: Copy of Valid and Current Certificate of Distributorship (as First Tier Distributor) issued by the principal manufacturer authorizing the bidder to sell/distribute the items subject of this bidding.

The Certificate MUST INDICATE/INCLUDE the following:

- a) That the manufacturer has been in the business manufacturing medical equipment for ten (10) years;
 - b) That the principal and the local distributor must have been in the business partnership for at least five (5) years;
 - c) that service engineers are factory trained on service and repair
- d. Omnibus Sworn Statement, **Annex II**;
- a) Authority of the designated representative
 - b) Non-inclusion in blacklist or under suspension status
 - c) Authenticity of Submitted Documents
 - d) Authority to validate Submitted Documents
 - e) Disclosure of Relations
 - f) Compliance with existing labor laws and standards
 - g) Bidders Responsibilities
 - h) Did not pay any form of consideration

3. Financial Requirements:

- a. Completely filled out PITC Financial Quotation Form: **Annex III** - Supplier's price proposal must not be more than the ceiling price per item and must be inclusive of VAT;
- b. Price must be valid for One Hundred Twenty (120) calendar days upon submission of quotation.

Requirements if Awarded the Contract

- Delivery Period: Within Forty-Five (45) calendar days after receipt of Notice to Proceed.
- Delivery Place: Equipment Section, Property and Supply Division, Philippine General Hospital, Taft Avenue, Manila

Should your company be interested, you may submit your **quotation** on or before **Tuesday, 18 August 2020 STRICTLY NOT LATER THAN 5:00 PM** thru the following email address:

- erika.guycoa@pitc.gov.ph
- erika.guycoa@pitc1973.onmicrosoft.com
- jinky.apolar@pitc.gov.ph
- jinky.apolar@pitc1973.onmicrosoft.com

Note: Maximum size of email with attachment is six (6) MB only. You may email your quotation in parts if your attachment is more than six (6) MB.

Thank you.




CHRISTABELLE F. EBRIEGA
Vice President
Government Procurement Group

After having carefully read and accepted the Terms and Conditions,
I/we submit our quotation for the Supply and Delivery of One (1) lot Brand New Stackable
Infusion Pumps and Stackable Syringe Pumps with Docking Stations for the Philippine General
Hospital (PGH).

Name of Company (in print)

Signature of Company Authorized Representative

Name & Designation of Company Authorized Representative (in print)

Contact Details (Tel. No., Fax No. & Email Address)

Date



PLEASE USE THIS BID FORM. DO NOT RETYPE OR ALTER.

Annex I (Page 1 of 10)

**PHILIPPINE INTERNATIONAL TRADING CORPORATION
TECHNICAL QUOTATION FORM**

**SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW STACKABLE INFUSION PUMPS AND
STACKABLE SYRINGE PUMPS WITH DOCKING STATIONS FOR THE
PHILIPPINE GENERAL HOSPITAL (PGH)
RFQ Reference No. GPG-EP-2020-056
EMERGENCY PROCUREMENT**

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INSTRUCTIONS TO THE SUPPLIER: Indicate “COMPLY” if Supplier’s Statement of Compliance meets the technical specifications as indicated. Do not leave any blank. A “YES” or “NO” entry will not be accepted. Failure to comply will result to rejection of the Supplier’s proposal.

Line No.	PROJECT REQUIREMENTS	Supplier’s Statement of Compliance
1)	One (1) Lot consisting of the following items: A. Stackable Infusion Pumps (85 Units) B. Stackable Syringe Pumps (85 Units) C. Docking Stations (10 Units for Stackable Infusion Pumps and 10 Units for Stackable Syringe Pumps)	
Line No.	TECHNICAL SPECIFICATIONS	Supplier’s Statement of Compliance

A. EIGHTY-FIVE (85) UNITS BRAND NEW STACKABLE INFUSION PUMPS

1.	Weight: Maximum of 2.5kg.	
2.	Peristaltic Press System	
3.	Universal IV sets are compatible with the unit	
4.	Pre-configured and user-defined configuration of infusion set brands possible	
5.	3 Infusion modes • Rate mode • Time mode • Body weight mode	
6.	Rate Mode: • Rate Range: 0.1-2000ml/h, Min. increment 0.01ml (0.1 to 99.99 ml/hr.); 0.1 ml (100 to 999.9 ml/hr; 1 ml (1000 to 2000 ml/hr.)	
7.	Time Mode • 00:00:01-99:59:59 hh:mm:ss; adjustable	
8.	Body Weight Mode: • Weight : 0.1-300.0kg, step 0.1kg. • Drug-Amount : 0.1-999.9, step 0.1g/mg adjustable • Volume : 0.10-9999.99ml, step 0.01ml • Dose : 0.01-999.99, ng/kg/min, µg/kg/h,ug/kg/min, ug/kg/h,ug/kg/24h, mg/kg/min, mg/kg/h, mg/kg/24h, g/kg/min, g/kg/h, mU/kg/min, mU/kg/h, U/kg/min, U/kg/h, U/kg/24h, kU/kg/h, EU/kg/h, mmol/kg/h, mol/kg/h, kcal/kg/h, kcal/kg/24h, mEq/kg/min, mEq/kg/h	
9.	Preset Volume (VTBI): 0.10-9999.99 ml (increment: 0.01 ml)	
10.	Measures volume in ml/hr.	

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.

I/We undertake, if our proposal is accepted, to deliver the items in accordance with the terms and conditions contained in the Request for Quotation. Until a formal Contract is prepared and signed, this proposal is binding on us.

Name of Company (in print)

Signature of Company Authorized Representative

Name & Designation (in print)

Date



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**PHILIPPINE INTERNATIONAL TRADING CORPORATION
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Line No.	TECHNICAL SPECIFICATIONS	Supplier’s Statement of Compliance
11.	Delivery rate settings adjustable in 0.01ml(0.1-99.99ml/h); 0.1ml(100-999.9ml/h); 1ml(1000-2000ml/h)	
12.	KVO Rate: 0.1-5.0ml/h adjustable, step 0.1ml/h	
13.	Purge is available with maximum rate of 1,200 ml/hour or higher	
14.	Bolus Rate: <ul style="list-style-type: none"> • Manual Bolus: 0.10-1,200 ml/h. Units with higher max manual bolus are acceptable. • Automatic Bolus : 0.10-1,200ml/h. Units with higher automatic bolus are acceptable. • Preset Bolus volume: 0.10-9999.99ml (increment: 0.01 ml) 	
15.	Self-test system	
16.	Must have an anti-bolus system	
17.	Titration function: Available to change the delivery rate during infusion at minimum increment of 0.01ml/h	
18.	The bolus volume and bolus rate shall be accumulated and displayed	
19.	Drug library with up to 1,200 or more drugs, add or delete drugs available in user-defined drug list; on/off switchable	
20.	Up to 2000 history records, including information: infusion information, pump status, parameter changing, turn on/off, start/stop infusion, bolus, alarms, silence	
21.	History records data could be transmitted to PC	
22.	Last parameter configuration: remembers last infusion configuration when powered off	
23.	Delivery Accuracy: ±5%	
24.	Visual & audible alarm	
25.	Alarm sound 1-8 levels	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier’s Statement of Compliance
26.	Occlusion alarm pressure	
27.	8 to 12 levels: 75-975mmHg.	
28.	Occlusion pressure unit: 4 units selectable (mmHg, kPa, psi, bar), automatically calculates and display the conversion in 4 units.	
29.	Air Bubble alarm level: 6 levels selectable	
30.	Minimum air bubble detection lowest to 50ul	
31.	Air-bubble detection mechanism: Ultrasound Sensor	
32.	Pre-alarms : 1-30 min. Selectable; on/off switchable	
	• Infusion Complete	
	• 3min. as battery empty	
	• 30min. as low battery	
33.	Screen: At least 3.5-inch color TFT LCD	
34.	Brightness 1-8 levels adjustable.	
35.	Display content on one page: delivery rate, current infusion status, VTBI, total volume, IV set brand, pressure limit, battery capacity, drugs name, remaining time, alarms, etc.	
36.	Power supply: 100-240V, 50/60HZ	
37.	DC Voltage:10V-15V	
38.	Battery type: Rechargeable Lithium battery	
39.	Battery operating time: more than 9 hours@25ml/h	
40.	Battery charging time: less than 6 hours for 100%	
41.	Type of shock protection: Class I, Type CF, defibrillation-proof	
42.	Water-Proof Grade: Minimum IP23	
43.	Each unit must have an integrated pole clamp.	
44.	Must be delivered with at least 10 units central docking station with a capacity to stack 4 infusion pumps/docking station.	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier’s Statement of Compliance
B. EIGHTY-FIVE (85) UNITS BRAND NEW STACKABLE SYRINGE PUMPS		
1.	Weight: Maximum of 2.5kg	
2.	All general syringe brands must be compatible with the unit	
3.	Pre-configured more than 10 syringe brands, user-defined configuration possible	
4.	Syringes selectable: 5, 10, 20, 30 and 50/60ml. Automatic recognition of syringe size.	
5.	Automatic recognition of syringe size and fixation	
6.	3 Infusion modes:	
	a. Rate mode	
	• VTBI: 0.10-9999.99ml, increment 0.01ml/h	
	• Delivery rate 0.1-2000ml/h, 0.01ml(0.1-99.99ml/h); 0.1ml(100-999.9ml/h); 1ml(1000-2000ml/h)	
	b. Time mode	
	• VTBI : 0.10-9999.99ml, increment 0.01ml/h	
	• Time : 00:01-99:59 hh:mm; adjustable	
	c. Body Weight Mode	
	• Weight : 0.1-300.0kg, step 0.1kg.	
	• Drug-Amount : 0.1-999.9, step 0.1, g/mg adjustable	
	• Volume : 0.10-9999.99ml, step 0.01ml	
	• Dose : 0.01~999.99, µg/kg/h, mg/kg/h, µg/kg/min, mg/kg/min	
7.	Preset Volume (VTBI): 0.10-9999.99ml (increment 0.01 ml)	
8.	Measures volume in ml/hr.	
9.	KVO Rate: 0.1-5.0ml/h adjustable, step 0.1ml/h	
10.	Purge is available 0.10-2000ml/h (depending on syringe size)	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier’s Statement of Compliance
11.	Bolus Rate: • Manual bolus: 0.10-2000ml/h • Automatic bolus: 0.10-2000ml/h • Preset bolus volume: 0.10-9999.99ml (increment 0.01ml)	
12.	Self-test system	
13.	Must have an anti-bolus system	
14.	Titration function: Available to change the delivery rate during infusion at minimum increment of 0.01ml/h	
15.	The bolus accumulation volume and bolus rate shall be accumulated and displayed	
16.	Drug library with up to 2000 or more drugs, add or delete drugs available in user-defined drug list	
17.	Have up to 2,000 history records, including information: infusion information, pump status, parameter changing, turn on/off, start/stop infusion, bolus, alarms, silence	
18.	Have automatic bolus system, with bolus rate and preset volume adjustable	
19.	Start reminder function: remember last infusion configuration when power off	
20.	Delivery Accuracy: ±2%	
21.	Visual & audible alarm	
22.	Occlusion alarm pressure: • 10 to 12 levels selectable: 75-975mmHg • Occlusion pressure unit: 4 units selectable (mmHg, kPa, psi, bar), automatically calculate and display the conversion in 4 units.	
23.	Alarm sound 1-8 levels selectable	
24.	Pre-alarms: • 1-30 min. selectable infusion finish • 3 min. as battery empty • 30 min. as low battery	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier’s Statement of Compliance
25.	Screen: At least 3.5inch color TFT LCD	
26.	Brightness 1-8 levels adjustable.	
27.	Display content on one page: delivery rate, current infusion status, VTBI, total volume, syringe brand, pressure limit, battery capacity, drugs name, remaining time, alarms, etc.	
28.	Power supply: 100-240V, 50/60HZ	
29.	DC Voltage: 10V-15V	
30.	Battery type: Rechargeable Lithium battery	
31.	Battery operating time: more than 10 hours @5ml/h	
32.	Battery charging time: less than 6 hours for 100%	
33.	Type of shock protection:	
	• Class I	
	• Type CF	
	• Defibrillation-proof	
34.	Water-Proof Grade: Minimum IP23	
35.	Each unit must have an integrated pole clamp.	
36.	Must be delivered with at least 10 units central docking station with a capacity to stack 4 syringe pumps/docking station.	

ITEM DESCRIPTION	Please Indicate the Brand and Model Number being offered:
STACKABLE INFUSION PUMPS	
STACKABLE SYRINGE PUMPS	

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.
I/We undertake, if our proposal is accepted, to deliver the items in accordance with the terms and conditions contained in the Request for Quotation.
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Line No.	TECHNICAL SPECIFICATIONS	Supplier’s Statement of Compliance
C. CENTRAL DOCKING STATION (TEN EACH)		
1.	4 slots central docking station.	
2.	Vertical or horizontal fixation is possible.	
3.	Should have tube and drop sensor management clamp	
4.	User-defined IV tube or syringe brand is possible for quick setting for single pumps. This feature may be present on the syringe/infusion pump and/or central docking station.	
5.	Only one power cord to support all pump modules, each module could be flexible transfer in and out and assemble without any tools.	
6.	Should have automatic multi-channel relay function to support continuous infusion	
7.	Automatic Day/night mode switching, time interval can be set from 1 hr. to 15 hrs. with yyyy-mm-dd, mm-dd-yyyy or dd-mm-yyyy format. Units that display this function only in the pumps are acceptable. This requirement will be waived for suppliers who will comply with this requirement by providing a computerized monitoring system.	
8.	Can store at least 2000 history records. Units that store records of at least 2,000 history in the pump only are acceptable.	
9.	System parameters can be automatically synchronized by manual setting or internet connection. Units that automatically synchronize by manual or internet connection in the pump only are acceptable.	
10.	Data transmission can be sent to a central infusion monitoring station via Wi-Fi network.	
11.	All alarms can be monitored in real-time, including docking, infusion pump, syringe pump.	
12.	Should have visual and acoustic alarms with unified alarm volume	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier’s Statement of Compliance
13.	One button to silence all alarms may be present on the central docking station and/or syringe/infusion pumps.	
14.	Should have at least a 3.5” color LCD, 16:9 format screen for data monitoring and setting, users do not need to set on each pump.	
15.	Compatible with both infusion pumps and syringe pumps.	
16.	Real-time monitoring and display the data of infusion pump, syringe pump, including total infusion volume, flow rate, accumulated volume, alarms, patient information, battery and remaining infusion time.	
17.	Power supply 100-240V ~, 50 / 60Hz	
18.	Battery should last more than at least 4 hrs to support 1 main controller + 4 pumps	
19.	Recharge time is less than 6 hrs for 100% battery.	

ITEM DESCRIPTION	Please Indicate the Brand being offered:
DOCKING STATION	

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Line No.	OTHER REQUIREMENTS	Supplier’s Statement of Compliance	
1)	Supplier must have supplied the same brand of equipment being offered to at least three (3) Tertiary Hospitals in Metro Manila.		
	Please list down the name and contact details of three (3) Tertiary hospitals, including the S.I. No issued to them:		
	Name & Address	Contact Numbers	Sales Invoice (S.I.) No. Issued
	1.		
	2.		
2)	The manufacturer of the item being offered must have a valid and current ISO Certification.		
	Please specify the details of the ISO Certificate:		
	Name of Third-party Issuing Agency	ISO Number	Validity Period
3)	The manufacturer of the item being offered must have existing branch office, sales office and/ or distributor’s office in the following areas: a. Any country in Western Europe b. US/ Canada c. Japan		
4)	Bidder’s must have valid and current License to Operate (LTO) as a Medical Device Importer / Distributor issued by the Philippine Food and Drug Administration (PFDA). Provided, that the application for renewal was made timely as per PFDA Circular No. 2011-004 In case of expired LTO, the following copies shall be submitted: (i) Expired LTO (ii) Application for renewal; and Official Receipt as proof of payment of renewal of LTO		
5)	Bidder warrants that it has Service Center/s for the items being offered within Metro Manila.		
6)	Bidder certifies that at least one (1) service engineer is available locally to provide quick on-site support		

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.
I/We undertake, if our proposal is accepted, to deliver the items in accordance with the terms and conditions contained in the Request for Quotation. Until a formal Contract is prepared and signed, this proposal is binding on us.

Name of Company (in print)

Signature of Company Authorized Representative

Name & Designation (in print)

Date



PLEASE USE THIS BID FORM. DO NOT RETYPE OR ALTER.

Annex I (Page 10 of 10)

**PHILIPPINE INTERNATIONAL TRADING CORPORATION
TECHNICAL QUOTATION FORM**

**SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW STACKABLE INFUSION PUMPS AND
STACKABLE SYRINGE PUMPS WITH DOCKING STATIONS FOR THE
PHILIPPINE GENERAL HOSPITAL (PGH)
RFQ Reference No. GPG-EP-2020-056
EMERGENCY PROCUREMENT**

PHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATION

INSTRUCTIONS TO THE SUPPLIER: Indicate “COMPLY” if Supplier’s Statement of Compliance meets the technical specifications as indicated. Do not leave any blank. A “YES” or “NO” entry will not be accepted. Failure to comply will result to rejection of the Supplier’s proposal.

Line No.	REQUIREMENTS IF AWARDED THE CONTRACT	Supplier’s Statement of Compliance
1)	Delivery Period: Delivery Period: Within Forty-Five (45) calendar days after receipt of Notice to Proceed.	
2)	Delivery Place: Equipment Section, Property and Supply Division, Philippine General Hospital, Taft Avenue, Manila	
3)	Delivery Conditions: <ul style="list-style-type: none"> All deliveries must be done in the presence of Inspection Team consisting of one (1) PITC representative and one (1) authorized representative of the UPM-PGH During delivery, the Supplier shall be responsible in unloading the items from the container/truck to the designated delivery center. In the absence of materials handling equipment at the site, the Supplier at his expense shall provide the necessary equipment such as but not limited to: forklifts, hand pallet truck, etc. All costs during the delivery, handling, including transportation and other related expenses shall be borne by the Supplier. 	
4)	Acceptance Parameters: Visual and functional testing.	
5)	Warranty period/ Coverage of Warranty: <ul style="list-style-type: none"> At least One (1) years on parts and Two (2) years on services for the Infusion Pumps, Syringe Pumps and Central Docking Station. Free preventive maintenance during the warranty period. Warranty shall commence from the date of acceptance by the end user after installation, testing and commissioning.	
6)	Manuals: Bidder must provide original and hard copy of Operator’s Manual in English Language upon delivery.	

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.
I/We undertake, if our proposal is accepted, to deliver the items in accordance with the terms and conditions contained in the Request for Quotation.
Until a formal Contract is prepared and signed, this proposal is binding on us.

Name of Company (in print)

Signature of Company Authorized Representative

Name & Designation (in print)

Date



SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW STACKABLE INFUSION PUMPS AND STACKABLE SYRINGE PUMPS WITH DOCKING STATIONS FOR THE PHILIPPINE GENERAL HOSPITAL (PGH)

RFQ Reference No. GPG-EP-2020-056

OMNIBUS SWORN STATEMENTS

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) SS.

AFFIDAVIT

I/We, _____, of legal age, <civil status>, <nationality> with residence at _____, after having been duly sworn to in accordance with law do hereby certify under oath as follows:

(a)
AUTHORITY OF THE DESIGNATED REPRESENTATIVE
(Please check appropriate box and fill up blanks)

Sole Proprietor
That I am the sole proprietor of <company name/name of supplier> with business address at _____; Telephone No. _____, with Fax No. _____ and e-mail address _____ and as such, I have the full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding.

Name: _____
Title: _____
Specimen Signature: _____

- OR -

That I am the duly authorized representative of the owner/sole proprietor of <company name/name of supplier> with business address at _____; Telephone No. _____, with Fax No. _____ and e-mail address _____ as shown in the attached Special Power of Attorney, and granted full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding.

Name: _____
Title: _____
Specimen Signature: _____

Note: Please attach a Special Power of Attorney, if not the Sole Proprietor/Owner.



Corporation, Partnership, Cooperative

That I/we am/are the duly authorized representative/s of <company name>, located at _____, with Telephone No. _____; Fax No. _____ and e-mail address, _____, as shown in the attached Secretary's Certificate issued by the corporation or the members of the joint venture, and granted full power and authority to execute and perform any and all acts necessary and/or to represent our company in the abovementioned bidding, including signing all bidding documents and other related documents such as the contracts:

1) Name: _____ 2) Name: _____

Title: _____ Title: _____
Specimen Signature: _____ Specimen Signature: _____

Note: Please attach duly executed Secretary's Certificate.

(b)

NON-INCLUSION IN THE BLACKLIST NOR UNDER SUSPENSION STATUS BY ANY AGENCY OR GOVERNMENT INSTRUMENTALITY

That the firm I/We represent is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, Foreign Government/Foreign or International Financing Institution whose blacklisting rules been recognized by the Government Procurement Policy Board;

(c)

AUTHENTICITY OF SUBMITTED DOCUMENTS

That each of the documents submitted by our company in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct.

(d)

AUTHORITY TO VALIDATE SUBMITTED DOCUMENTS

The undersigned duly authorized representative of the Applicant, for and in behalf of the Applicant, hereby submits this Letter of Authorization in relation with Application to apply for Eligibility and to Bid for the subject contract to be bid.

In connection thereat, all public official, engineer, architect, surety company, bank institution or other person, company or corporation named in the eligibility documents and statements are hereby requested and authorized to furnish the Chairman, PITC Bids & Awards Committee I or her duly authorized representative/s any information necessary to verify the correctness and authenticity of any item stated in the said documents and statements or regarding our competence and general reputation.

I/We hereby give consent and give authority to the Chairman of **PITC Bids and Awards Committee I** or her duly authorized representative, to verify the authenticity and correctness, of any or all of the documents and statements submitted herein; and that I/we hereby hold myself liable, criminally or civilly, for any misrepresentation or false statements made therein which shall be ground for outright disqualification and/or ineligibility, and inclusion of my/our company among the contractors blacklisted from participating in future biddings of **Philippine International Trading Corporation**.



(e)
DISCLOSURE OF RELATIONS

That for and in behalf of the Bidder, I/We hereby declare that the sole proprietor or proprietress/ all officers and members of the partnership or cooperative/ all officers, directors, and controlling stockholders of the corporation/ all partners and members of the Joint Venture are not related by consanguinity or affinity up to the third civil degree with the **Head of the Procuring Entity**, members of the **Board of Directors**, the **President**, **Officers** or **Employees** having direct access to information that may substantially affect the result of the bidding such as, but not limited to, the **members of the PITC BAC**, the **members of the TWG of PITC**, the **PITC BAC Secretariat**, the **head of the end-user unit**, and the **project consultants**. It is fully understood that the existence of the aforesaid relation by consanguinity or affinity of the Bidder with the aforementioned Officers of the Corporation shall automatically disqualify the Bid.

(f)
COMPLIANCE WITH EXISTING LABOR LAWS AND STANDARDS

That our company diligently abides and complies with existing labor laws and standards.

(g)
BIDDER'S RESPONSIBILITIES

- a) That I/we have taken steps to carefully examine all of the bidding documents;
- b) That I/we acknowledge all conditions, local or otherwise affecting the implementation of the contract;
- c) That I/we made an estimate of the facilities available and needed for the contract to be bid, if any;
- d) That I/we will inquire or secure Supplemental /Bid Bulletins issued for this project;
- e) That the submission of all bidding requirements shall be regarded as acceptance of all conditions of bidding and all requirements of authorities responsible for certifying compliance of the contract;
- f) That I have complied with our responsibility as provided for in the bidding documents and all Supplemental /Bid Bulletins;
- g) That failure to observe any of the above responsibilities shall be at my own risk and
- h) That I agree to be bound by the terms and conditions stated in the Conditions of the Contract for this project.

(h)
DID NOT PAY ANY FORM OF CONSIDERATION

That our company did not give or pay directly or indirectly any commission, amount, fee or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 2020 at _____, Philippines.

**Bidder's Authorized Representative
Signature over Printed Name**



Annex II (Page 4 of 4)

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____
at _____, Philippines. Affiant exhibited to me his/her competent Evidence of
Identity (as defined by the 2004 Rules on Notarial Practice) _____ issued
_____ at _____, Philippines.

Doc. No. _____
Page No. _____
Book No. _____
Series of 2020



PLEASE USE THIS BID FORM. DO NOT RETYPE OR ALTER.

Annex III

PHILIPPINE INTERNATIONAL TRADING CORPORATION
FINANCIAL QUOTATION FORM
SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW STACKABLE INFUSION PUMPS AND
STACKABLE SYRINGE PUMPS WITH DOCKING STATIONS FOR THE
PHILIPPINE GENERAL HOSPITAL (PGH)
RFQ Reference No. GPG-EP-2020-056
EMERGENCY PROCUREMENT
PRICE MUST BE INCLUSIVE OF VAT

PHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATION

NOTE: Supplier's price proposal/quotation must not exceed the ABC/Ceiling Price per item. The Supplier shall shoulder all transportation costs and bears all risk until the goods have been delivered to the site.

Item No.	Description	ABC (₱) (VAT Inclusive)			Supplier's Price Proposal (₱)	
		Quantity	Unit ABC	Total ABC	Unit Price	Total Price
One (1) Lot consisting of the following:						
1.	Stackable Infusion Pumps with Ten (10) Docking	85 units	75,000.00	6,375,000.00		
2.	Stackable Syringe Pumps with Ten (10) Docking	85 units	75,000.00	6,375,000.00		
TOTAL:				12,750,000.00		

TOTAL PRICE (Amount in Words):

Note:

- I. Price must be valid for One Hundred Twenty (120) days upon submission of quotation;
- II. The Supplier shall shoulder all transportation costs and bears all risk until the goods have been delivered to the site. If delivery is outside Metro Manila, all expenses (airfare, hotel accommodation, per diem, etc.) relative to delivery shall be borne by the Supplier.
- III. Payment to Supplier of the Contract Price, net of applicable withholding tax shall be made within fifteen (15) days after full delivery, and submission of the required documents as follows:
 1. Original and duplicate **BIR VAT registered Supplier's Invoice issued under the name of the UPM-PGH** indicating **UPM-PGH TIN: 000-864-006-018**. Entries must be typewritten, or computer printed and **must be duly acknowledged and received by UPM-PGH's authorized representative;**
 2. **Original and duplicate Delivery Receipt issued under the name of the UPM-PGH** duly acknowledged and received by **UPM-PGH's** authorized representative and countersigned by PITC QAIT representative; and
 3. Original Joint Certificate of Acceptance issued by authorized representatives of **UPM-PGH** and PITC.
 4. Beneficiary Certificate issued by **UPM-PGH** that the following documents were submitted/complied by the supplier:
 - a) Certification from at least three (3) Tertiary Hospitals in the Philippines that they have been supplied the same brand of equipment being offered by the supplier. Sales Invoice from at least three (3) tertiary hospitals in Metro Manila may also be presented in lieu of the Hospital Certification.
 - b) Valid & current ISO Certificate in the name of the manufacturer;
 - c) Valid & current License to Operate (LTO issued by Philippine Food and Drug Administration) (PFDA);
 - d) List of Authorized Service Center/s in Metro Manila (with available spare parts, indicating address, telephone & fax numbers, email address and contact person);
 - e) Certification by the Supplier that at least one (1) service engineer is available locally to provide quick on-site support
 5. As one of documentary requirements for payment (as applicable), submit certified true copies of pertinent tax receipts and duties paid on the imported parts/equipment pursuant to COA Memo No. 90-684 dated Dec. 5, 1990/Administrative Order No. 200 dated November 20, 1990. For locally purchased materials, the BIR registered sales invoice of the seller is acceptable.

SUPPLIER'S UNDERTAKING

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.
 I/We undertake, if our proposal is accepted, to deliver the items in accordance with the terms and conditions contained in the Request for Quotation. Until a formal Contract is prepared and signed, this proposal is binding on us.

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Signature of Company Authorized Representative

Name & Designation (in print)

Date