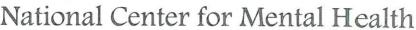




REPUBLIC OF THE PHILIPPINES Department Of Health





NOTICE OF AWARD

December 18, 2023

ENDURE MEDICAL, INC.

Suite 1601 16th Floor, Tektite East Tower. Philippine Stock Exchange Centre. Exchange Road Corner Pearl Drive, Pasig City Tel No.: +63 683-0054 to 57 Local (194); +63 956-1666105 Email: emi.enduremedical@gmail.com

Sir / Madam:

Please be advised that based on the results of the Public Bidding conducted by the National Center for Mental Health for the Supply and Delivery of Drugs and Medicines for Medicine Access Program - Mental Health (Additional) CY 2023, the following items are hereby awarded to your company:

ITEM CODE	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
MAP-002	33,600	tablet	Risperidone 2 mg Brand: RISPEDIN-2 Origin: India	₱ 0.89	₱ 29,904.00
MAP-003	30,800	tablet	Olanzapine 10 mg Brand: ZANPREX-10 Origin: India	2.44	75,152.00
				TOTAL AMOUNT	₱ 105,056.00

You are hereby required to submit the following within ten (10) calendar days:

Notarized Contract Agreement Form (Legal Size) for the Public Bidding for the Supply and Delivery of Drugs and Medicines for Medicine Access Program - Mental Health (Additional) CY 2023

NOTE: The signatory shall be NOEL V. REYES, MD, FPPA, MMHoA, MEDICAL CENTER CHIEF II; and

- Notarized Performance Securing Declaration; or
- Performance Security in any forms and amount stipulated below:

A.	Cash or Cashier's / Manager's Check Bank Guarantee	Five Percent (5%) of the Total Contract Price
B.	Surety Bond callable upon demand issued by a surety or insurance company duly certified by Insurance Commission / GSIS	

"There is no Health without Mental Health"









LABELLING:

For each box, bottle, and corrugated carton, the following should be legibility imprint:

"Philippine Government Property

Department of Health

NOT FOR SALE"

Failure to provide any of the aforementioned requirements shall constitute sufficien grounds for cancellation of this Award and forfeiture of the Bid Security.

Truly yours,

NOEL V. REYES, MD, FPPA, MMHoA

Medical Center Chief II

CONFORME

Name & Signature of the Authorized Representative

Date and Time