



**NOTICE OF AWARD**

December 18, 2023

**ZUELLIG PHARMA CORPORATION**

KM 14 West Service Road, South Superhighway,  
Corner Edison Avenue, Brgy. Sun Valley, Paranaque City  
Tel. No.: (02) 7908-2222; 0998-9617551  
Email: moclares@zuelligpharma.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 item(s) are hereby awarded to your company:

ITEM CODE	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
MAP-001	16,000	tablet	Risperidone 2 mg orodispersable Brand: AMIDREX OD-2 2mg Orally Disintegrating Tablet, 30's Origin: Germany	₱ 16.67	₱ 266,720.00
<b>TOTAL AMOUNT</b>					<b>₱ 266,720.00</b>

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	Thirty Percent (30%) of the Total Contract Price

*"There is no Health without Mental Health"*

- LABELLING:

For each box, bottle, and corrugated carton, the following should be legibly imprinted:

**“Philippine Government Property  
Department of Health  
NOT FOR SALE”**

*Failure to provide any of the aforementioned requirements shall constitute sufficient 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:

*Maniecar Odares*

Name & Signature of the Authorized Representative

*12/18/20*

Date and Time