



Republic of the Philippines
Department of Health
Regional Office I
MARIANO MARCOS MEMORIAL HOSPITAL AND MEDICAL CENTER
City of Batac, Ilocos Norte
Trunk line 077-600-8000; Fax line 077-792-3133
e-mail address: mmmh_doh@yahoo.com
"PHIC Accredited Health Care Provider"
"ISO 9001:2015 Certified"
"PGS Compliant"



NOTICE TO PROCEED

August 05, 2019

**THE MANAGER
CRED GENERAL TRADING**

B19 L7, 160 Fiesta Homes, Malpitic, City of San Fernando Pampanga
CP#0922-8089415/0917-1504062

Dear Sir/Madam:

The attached Contract Agreement having been approved, notice is hereby given to **CRED GENERAL TRADING** that the delivery of the **Various Linen Supplies for 2019 use** as stipulated in the attached contract agreement should be completed within the predetermined delivery schedule as specified in the contract agreement from receipt of this notice.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementation Schedule.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the Mariano Marcos Memorial Hospital and Medical Center.

Very truly yours,


MARIA LOURDES K. OTAYZA, M.D., MHA, CESO V, FPOGS
Medical Center Chief II 

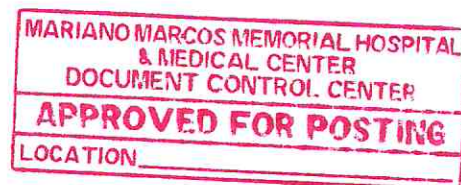

08/05/19

8/08/2019

I acknowledged receipt of this Notice on _____
Name of the Representative of the Bidder _____
Authorized Signature _____



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NOTICE TO PROCEED

August 23, 2019

THE MANAGER

ZHUJAR MANUFACTURING INC.,

#61 Kaingin Road St, Brgy Apolonio Samson Quezon City
CP#0932-5175888

Dear Sir/Madam:

The attached Contract Agreement having been approved, notice is hereby given to **ZHUJAR MANUFACTURING, INC.** that the delivery of the **Various Linen Supplies for 2019 use** as stipulated in the attached contract agreement should be completed within the predetermined delivery schedule as specified in the contract agreement from receipt of this notice.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementation Schedule.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the Mariano Marcos Memorial Hospital and Medical Center.

Very truly yours,

MARIA LOURDES K. OTAYZA, M.D., MHA, CESO V, FPOGS

Medical Center Chief II

I acknowledged receipt of this Notice on

Name of the Representative of the Bidder

Authorized Signature

: _____
: _____
: _____