



Project Reference Num: PR No. 100-2025-04-945 P.R. Date April 22, 2025
 Location of Project: City Health Office - Operations of Satellite Clinic and Birthing Facilities
 Supplier : RITE ONE PHARMA
 Address : 355 Rizal Ave. Puerto Princesa City P.O. No. BAC-2025 - PB - 06 - 092
 E. Mail Address : riteonepharma@gmail.com P.O. Date JUN 11 2025
 Telephone No. : (048)-434-1589 Mode of _____
 TIN 231-468-640-000 Procurement : Public Bidding

Gentlemen:

Please furnish this office the following articles subject to the terms and condition contained herein

Place of Delivery : Thru City GSO Delivery Term : 30 CD upon receipt of NTP
 Date of Delivery : _____ Payment Term: _____

ITEM No.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
Drugs and Medicines					
1	168	bottle	0.9% Sodium chloride 1L bottle / bag	90.00	15,120.00
2	216	bottle	0.9% Sodium chloride 1L bottle solution for irrigation	83.00	17,928.00
3	90	bottle	5% Dextrose in Lactated Ringer's 1L bottle / bag	100.00	9,000.00
4	120	bottle	5% Dextrose in Lactated Ringer's 500mL bottle/bag	98.00	11,760.00
5	24	bottle	5% Dextrose in Water 1L, bottle / bag	95.00	2,280.00
6	48	bottle	5% Dextrose in Water 500 mL, bottle / bag	102.00	4,896.00
7	12	bottle	5% Dextrose in 0.9% Sodium chloride 1L bottle / bag	90.00	1,080.00
8	12	bottle	5% Dextrose in 0.3% Sodium chloride 1L bottle / bag	102.00	1,224.00
9	5000	tablet	Acetylcysteine 600mg effervescent tablet	25.00	125,000.00
10	500	sachet	Acetylcysteine 200mg sachet	15.00	7,500.00
11	750	tablet	Albendazole 400 mg chewable tablet	7.00	5,250.00
12	360	bottle	Aluminum hydroxide + Magnesium hydroxide 225 mg/200 mg per 5mL suspension, 60 mL	50.00	18,000.00
13	3000	tablet	Aluminum hydroxide + Magnesium hydroxide 200 mg/100 mg tablet	4.00	12,000.00
14	5	ampule	Aminophylline (Theophylline Ethylenediamine) 25mg/mL, 10ML Solution for Injection Ampule	40.00	200.00
15	2	ampule	Amiodarone hydrochloride 50 mg/mL, 3 mL ampule	420.00	840.00
16	15000	tablet	Amlodipine (as besilate / camsylate) 10 mg	5.00	75,000.00
17	15000	box	Amlodipine (as besilate / camsylate) 5 mg tablet	4.00	60,000.00
x-x-x	x-x-x	x-x-x	x-x-x-x-Continue on Page 2 x-x-x-x-x-x	Sub - Total 1	367,078.00

In case failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Conforme:

RITE ONE PHARMA

By:

Virender V. N. Kamani
GENERAL MANAGER

Signature over printed name of supplier

Position/Designation

JUNE 11, 2025

Date

Very truly yours,

LUCILO R. BAYRON

City Mayor

Authorized official

Fund Available

ALOBS NO. : _____

Amount : _____

City Accountant



Project Reference Num: PR No. 100-2025-04-945 P.R. Date April 22, 2025
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TIN 231-468-640-000 Procurement : Public Bidding

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ITEM No.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
18	1584	bottle	Ascorbic Acid 100mg/5ml syrup 60ml Bot.	54.00	85,536.00
19	1008	bottle	Ascorbic acid 100 mg/mL drops, 15 mL	44.00	44,352.00
20	20000	tablet	Ascorbic acid 500 mg tablet	2.00	40,000.00
21	288	bottle	Azithromycin (as base/as dehydrate/as monohydrate) 200 mg/5 mL powder for suspension, 15 mL	365.00	105,120.00
22	1800	tablet	Azithromycin (as base/as dihydrate/as monohydrate) 500mg tablet	66.00	118,800.00
23	2	ampule	Atropine sulfate 1 mg/mL, 1 mL ampule	110.00	220.00
24	30	tube	Betamethasone valerate 0.1% cream, 5g tube	150.00	4,500.00
25	50	tablet	Bisacodyl 5 mg tablet	8.00	400.00
26	1000	tablet	Butamirate citrate 50 mg MR tablet	12.00	12,000.00
27	2	ampule	Calcium gluconate 10% solution, 10 mL ampule	90.00	180.00
28	20000	capsule	Cefalexin monohydrate 500 mg capsule	5.00	100,000.00
29	288	bottle	Cefalexin monohydrate 100 mg/mL, granules / powder for drops, 10 mL	38.00	10,944.00
30	432	bottle	Cefalexin monohydrate 250 mg/5 mL granules / powder for syrup / suspension, 60 mL	50.00	21,600.00
31	18000	tablet	Cefuroxime axetil 500 mg tablet	15.00	270,000.00
32	432	bottle	Cefuroxime 250 mg/5 mL granules for suspension, 120mL	148.00	63,936.00
33	20000	capsule	Celecoxib 200mg capsule 100's/box	9.00	180,000.00
34	15000	tablet	Cetirizine dihydrochloride 10 mg tablet	12.00	180,000.00
35	864	bottle	Cetirizine dihydrochloride 10 mg/mL drops, 10 mL	68.00	58,752.00
x-x-x	x-x-x	x-x-x	x-x-x-x-x-Continue on Page 3 x-x-x-x-x-x	Sub - Total 2	1,296,340.00

In case failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Conforme:
By: [Signature]
RITE ONE PHARMA
Wendy N. Kamon
GENERAL MANAGER
Position/Designation
JUNE 11, 2025
Date

Very truly yours,
[Signature]
LUCILO R. BAYRON
City Mayor
Authorized official

Fund Available _____ ALOBS NO. : _____
City Accountant _____ Amount : _____



Project Reference Num: PR No. 100-2025-04-945 P.R. Date April 22, 2025

Location of Project: City Health Office - Operations of Satellite Clinic and Birthing Facilities

Supplier : RITE ONE PHARMA
 Address : 355 Rizal Ave. Puerto Princesa City P.O. No. BAC-2025 - PB - 06 - 092
 E. Mail Address : riteonepharma@gmail.com P.O. Date JUN 11 2025
 Telephone No. : (048)-434-1589 Mode of _____
 TIN 231-468-640-000 Procurement : Public Bidding

Gentlemen:
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Place of Delivery : Thru City GSO Delivery Term : 30 CD upon receipt of NTP
 Date of Delivery : _____ Payment Term: _____

ITEM No.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
36	1440	bottle	Cetirizine dihydrochloride 5mg/5mL syrup, 30 mL	93.00	133,920.00
37	3000	tablet	Chlorphenamine maleate 4mg tablet	0.80	2,400.00
38	288	bottle	Chlorphenamine maleate 2.5mg/5mL syrup, 60mL	49.00	14,112.00
39	1000	tablet	Ciprofloxacin hydrochloride 500 mg tablet	24.00	24,000.00
40	1600	tablet	Clonidine hydrochloride 75 mcg tablet	38.00	60,800.00
41	37	tube	Clotrimazole 1% (10 mg/g) cream, 10g tube	145.00	5,365.00
42	144	bottle	Cloxacillin sodium 250mg/5mL powder for solution, 60mL	44.00	6,336.00
43	7500	capsule	Cloxacillin sodium 500 mg capsule	4.00	30,000.00
44	200	bottle	Co-Amoxiclav (Amoxicillin + Clavulanic acid) 200 mg + 28.5 mg per 5 mL granules / powder for suspension, 70 mL	245.00	49,000.00
45	562	bottle	Co-Amoxiclav (Amoxicillin + Clavulanic acid) 400 mg + 57 mg per 5 mL granules / powder for suspension, 70 mL	310.00	174,220.00
46	20000	tablet	Co-Amoxiclav (Amoxicillin + Clavulanic acid) 500 mg + 125 mg tablet	14.00	280,000.00
47	250	tablet	Dexamethasone 4 mg tablet	25.00	6,250.00
48	1000	tablet	Dicycloverine 10 mg tablet	3.00	3,000.00
49	432	bottle	Dicycloverine 10 mg/5 mL syrup, 60 mL bottle	40.00	17,280.00
50	2	ampule	Digoxin 250 mcg/mL, 2 mL Solution for Injection Ampule	200.00	400.00
51	288	bottle	Domperidone 1mg/mL suspension, 60mL bottle	188.00	54,144.00
52	1000	tablet	Domperidone 10 mg tablet	6.00	6,000.00
53	1500	capsule	Doxycycline hyclate 100 mg capsule	8.00	12,000.00
x-x-x	x-x-x	x-x-x	x-x-x-x-Continue on Page 4 x-x-x-x-x-x	Sub - Total 3	879,227.00

In case failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours

Conforme:

By:


RITE ONE PHARMA

 (Signature over printed name of supplier)
GENERAL MANAGER

 Position/Designation
JUNE 11, 2025

 Date


LUCILOR BAYRON
 City Mayor

 Authorized official

Fund Available _____

 City Accountant

ALOBS NO. : _____
 Amount : _____



Project Reference Num: PR No. 100-2025-04-945 P.R. Date April 22, 2025

Location of Project: City Health Office - Operations of Satellite Clinic and Birthing Facilities

Supplier : RITE ONE PHARMA
 Address : 355 Rizal Ave. Puerto Princesa City P.O. No. BAC-2025 - PB - 06 - 092
 E. Mail Address : riteonepharma@gmail.com P.O. Date JUN 11 2025
 Telephone No. : (048)-434-1589 Mode of _____
 TIN 231-468-640-000 Procurement : Public Bidding

Gentlemen:
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Place of Delivery : Thru City GSO Delivery Term : 30 CD upon receipt of NTP
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ITEM No.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
54	50	tube	Erythromycin 0.5% eye ointment, 3.5 g tube	195.00	9,750.00
55	576	bottle	Ferrous salt syrup, 60 mL (equivalent to 30 mg elemental iron/5 mL)	29.00	16,704.00
56	288	bottle	Ferrous salt oral drops, 15mL (equivalent to 15mg elemental iron/0.6ml)	25.00	7,200.00
57	3500	tablet	Ferrous salt tablet (equivalent to 60 mg elemental iron)	2.00	7,000.00
58	20000	tablet	Ferrous salt + Folic acid 60 mg elemental iron + 400 micrograms folic acid per tablet / capsule / film-coated tablet	3.50	70,000.00
59	2000	tablet	Gliclazide 30 mg MR tablet	6.00	12,000.00
60	12	bottle	Glucose (Dextrose) 50%, 50 mL Solution for Injection Vial	60.00	720.00
61	360	bottle	Hyoscine 5 mg/5 mL syrup, 60mL bottle	60.00	21,600.00
62	250	ampule	Hyoscine 20 mg/mL solution for injection, 1 mL ampule	45.00	11,250.00
63	4000	tablet	Hyoscine 10 mg tablet	5.00	20,000.00
64	50	tube	Ketoconazole 2% (20 mg/g) cream, 15g tube	115.00	5,750.00
65	144	bottle	Lactated Ringer's, 1L Solution for injection bottle	50.00	7,200.00
66	1000	carpule	Lidocaine hydrochloride + Epinephrine 2%, 1.8 mL carpule (local infiltration)	32.00	32,000.00
67	5	ampule	Magnesium heptahydrate 250mg/mL, 10mL ampule	85.00	425.00
68	5	ampule	Magnesium heptahydrate 500mg/mL, 2mL ampule	82.00	410.00
69	2	bottle	Mannitol 20%, 500mL Solution for Injection Bottle	75.00	150.00
70	288	bottle	Metoclopramide 5mg/5mL syrup, 60 mL	25.00	7,200.00
71	1000	tablet	Metoclopramide 10mg/tablet	3.00	3,000.00
x-x-x	x-x-x	x-x-x	x-x-x-x-x-Continue on Page 5 x-x-x-x-x-x	Sub - Total 4	232,359.00

In case failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

LUCILO R. BAYRON
 City Mayor
 Authorized official

Conforme:
 By:
Virender N. Kamani
 GENERAL MANAGER
 Position/Designation
JUNE 11, 2025
 Date

Fund Available _____
 City Accountant

ALOBS NO. : _____
 Amount : _____



Project Reference Num: PR No. 100-2025-04-945 P.R. Date April 22, 2025

Location of Project: City Health Office - Operations of Satellite Clinic and Birthing Facilities

Supplier : RITE ONE PHARMA
 Address : 355 Rizal Ave. Puerto Princesa City P.O. No. BAC-2025 - PB - 06 - 092
 E. Mail Address : riteonepharma@gmail.com P.O. Date JUN 11 2025
 Telephone No. : (048)-434-1589 Mode of _____
 TIN 231-468-640-000 Procurement : Public Bidding

Gentlemen:
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Place of Delivery : Thru City GSO Delivery Term : 30 CD upon receipt of NTP
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ITEM No.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
72	10	ampule	Metoclopramide 5mg/mL, 2mL ampule	15.00	150.00
73	288	bottle	Metronidazole 125 mg/5 mL suspension, 60 mL	50.00	14,400.00
74	5046	tablet	Metronidazole 500 mg tablet	3.00	15,138.00
75	13200	tablet	Multivitamins tablet (Vitamin A - 600-700 mcg (2,000-2,500 IU) Vitamin B1 - 1.3-1.7 mg Vitamin B2 - 0.7-1.3 mg Vitamin B6 - 1.6-2 mg Vitamin B12 - 2-6 mcg Vitamin C - 60-80 mg Vitamin D - 10 mcg (400 IU) Vitamin E - 6-10 mg (15-30 IU) Folic Acid - 400 mcg Niacin - 13-23 mg)	5.00	66,000.00
76	1728	bottle	Multivitamins per 5 mL syrup, 60mL (Vitamin A - 350-400 mcg, Vitamin B1 - 0.5-1.0 mg, Vitamin B2 - 0.7-0.9 mg, Vitamin B6 - 0.9-1.6 mg, Vitamin B12 - 0.9-3.0 mcg, Vitamin C - 35-55 mg, Vitamin D - 200-400 IU (5-10 mcg), Vitamin E - 5-7 mg, Folic Acid - 40-300 mcg, Niacin - 5 - 18 mg)	55.00	95,040.00
77	1080	bottle	Multivitamins per 1 mL drops, 15mL (Vitamin A - 325-380 mcg, Vitamin B1 - 0.2-0.4 mg, Vitamin B2 - 0.3-0.4 mg, Vitamin B6 - 0.3-0.6 mg, Vitamin B12 - 0.3-0.4 mcg, Vitamin C - 30 mg, Vitamin D - 200-400 IU (5-10 mcg), Vitamin E - 3.4 mg, Folic Acid - 20-65 mcg, Niacin - 1-5 mg)	44.00	47,520.00
78	180	tube	Mupirocin 2% ointment, 5g tube	179.00	32,220.00
79	2000	capsule	Ormeprazole 20 mg capsule	12.00	24,000.00
80	5	ampule	Ormeprazole 40 mg powder for injection, vial + 10 mL ampule/vial	450.00	2,250.00
x-x-x	x-x-x	x-x-x	x-x-x-x-x-Continue on Page 6 x-x-x-x-x-x	Sub - Total 5	296,718.00

In case failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Conforme:

RITE ONE PHARMA

By: Virender Vijay N. Kamani
 Signature over printed name of supplier
 Position/Designation
JUNE 11, 2025
 Date

Very truly yours,

LUCILO R. BAYRON
 City Mayor
 Authorized official

Fund Available _____
 City Accountant _____

ALOBS NO. : _____
 Amount : _____

Project Reference Num: PR No. 100-2025-04-945 P.R. Date April 22, 2025Location of Project: City Health Office - Operations of Satellite Clinic and Birthing FacilitiesSupplier : RITE ONE PHARMAAddress : 355 Rizal Ave. Puerto Princesa City

P.O. No.

BAC-2025 - PB - 06 - 092E. Mail Address : riteonepharma@gmail.com

P.O. Date

JUN 11 2025Telephone No. : (048)-434-1589

Mode of

TIN 231-468-640-000

Procurement :

Public Bidding

Gentlemen:

Please furnish this office the following articles subject to the terms and condition contained herein

Place of Delivery : Thru City GSO

Delivery Term :

30 CD upon receipt of NTP

Date of Delivery :

Payment Term:

ITEM No.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
81	2000	tablet	Prednisone 10 mg tablet	4.00	8,000.00
82	20	ampule	Ranitidine hydrochloride 25 mg/mL, 2 mL ampule	26.00	520.00
83	57	box	Salbutamol + Ipratropium 100 mcg + 20 mcg, 200 doses MDI	895.00	51,015.00
84	500	ampule	Salbutamol sulfate 1 mg/mL (unit dose), 2.5 mL respiratory solution	17.00	8,500.00
			ampule		
85	720	bottle	Salbutamol sulfate 2 mg/5 mL syrup, 60 mL	42.00	30,240.00
86	8001	tablet	Sambong (Blumea balsamifera L.) 500 mg tablet	5.00	40,005.00
87	2500	ampule	Tetanus toxoid 40 IU, 0.5 mL ampule	95.00	237,500.00
88	20000	tablet	Vitamin B1+B6+B12 100 mg + 50 mcg + 5 mg table	5.00	100,000.00
89	288	bottle	Zinc sulfate monohydrate drops (equiv. to 10 mg elemental zinc) drops,	55.00	15,840.00
			15 mL		
90	288	bottle	Zinc sulfate monohydrate syrup (equiv. to 20 mg elemental zinc/5 mL),	50.00	14,400.00
			60 mL		
91	144	bottle	Cotrimoxazole (Sulfamethoxazole + Trimethoprim) 400 mg +	55.00	7,920.00
			80mg per 5mL suspension, 60 mL		
92	200	tablet	Cotrimoxazole (Sulfamethoxazole + Trimethoprim) 800 mg +	3.50	700.00
			160 mg tablet		
93	3000	tablet	Lagundi (Vitex negundo L.) 300 mg tablet	2.50	7,500.00
94	25000	tablet	Losartan potassium 50 mg tablet	8.00	200,000.00
95	20000	capsule	Mefenamic acid 500 mg capsule	4.00	80,000.00
x-x-x	x-x-x	x-x-x	x-x-x-x-Continue on Page 7 x-x-x-x-x-x	Sub - Total 6	802,140.00

In case failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Conforme:

RITE ONE PHARMA

By:

Vivender V. N. Komari
GENERAL MANAGER

Signature over printed name of supplier

Position/Designation

JUNE 11, 2025

Date

Very truly yours,

LUCILO R. BAYRON

City Mayor

Authorized official

Fund Available

ALOBS NO. :

Amount :

City Accountant

Project Reference Num: PR No. 100-2025-04-945 P.R. Date April 22, 2025

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ITEM No.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
96	2500	sachet	Oral Rehydration Salt (75 Replacement) 20.5g per sachet	5.00	12,500.00
97	2304	bottle	Paracetamol 100 mg/mL drops, 15 mL	38.00	87,552.00
98	5,760	bottle	Paracetamol 250mg/5mL syrup, 60 mL	39.00	224,640.00
99	30000	tablet	Paracetamol 500 mg tablet	2.00	60,000.00
100	31	tube	Silver sulfadiazine 1% cream, 25 g tube	114.00	3,534.00
x-x-x	x-x-x	x-x-x	x-x-x-x-x-Nothing Follows x-x-x-x-x-x	Sub - Total 7	388,226.00
				Sub - Total 1	367,078.00
				Sub - Total 2	1,296,340.00
				Sub - Total 3	879,227.00
				Sub - Total 4	232,359.00
				Sub - Total 5	296,718.00
				Sub - Total 6	802,140.00
				Grand Total	4,262,088.00
In Words			Four Million Two Hundred Sixty-Two Thousand Eight Hundred Eighty-Eight Pesos		
In Figures			₱4,262,088.00		

In case failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Conforme:

By:


RITE ONE PHARMA
Virender Vijay N. Kamani
 General Manager
 Signature of Authorized Representative of Supplier

 Position/Designation
JUNE 11, 2025

 Date

Very truly yours,


LUCILO F. BAYRON
 City Mayor

 Authorized official

Fund Available _____

 City Accountant

ALOBS NO. : _____
 Amount : _____

CONTRACT AGREEMENT

THIS AGREEMENT, made this ___ day of JUN 11 2025 2025 between the CITY GOVERNMENT OF PUERTO PRINCESA, represented by the Honorable City Mayor Lucilo R. Bayron, hereinafter called "*the Entity*" of the one part and RITE ONE PHARMA, with principal place of business located at 355 Rizal Avenue, Barangay San Miguel, Puerto Princesa City, herein represented by MR. VIJAY N. KARNANI, hereinafter called "*the Contractor*" of the other part:

WHEREAS, the Entity invited Bids for certain goods and ancillary services, particularly the **Supply and Delivery of Various Drugs and Medicines (0.9% sodium chloride 1L bottle/bag, etc.)** has accepted a Bid by the Supplier for the supply of those and services in the sum of PESOS: **Four Million Two Hundred Sixty-Two Thousand Eighty-Eight Pesos (P 4,262,088.00)**. (hereinafter called "*the Contract Price*").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement, words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract hereinafter referred to.
2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be read and construed as part of this Agreement, *viz.*:
 - a. Philippine Bidding Documents (PBDs);
 - i. Schedule of Requirements;
 - ii. Technical Specifications;
 - iii. General and Special Conditions of Contract;
 - iv. Supplemental or Bid Bulletins, if any;
 - b. Winning bidder's bid, including the Eligibility requirements, Technical and Financial Proposals, and all other documents or statements submitted;

Bid form, including all the documents/statements contained in the Bidder's bidding envelopes, as annexes, and all other documents submitted (e.g., Bidder's response to request for clarifications on the bid), including corrections to the bid, if any, resulting from the Procuring Entity's bid evaluation;
 - c. Performance Security; and
 - d. Other contract documents that may be required by existing laws and/or the Procuring Entity concerned in the PBDs. Winning bidder agrees that additional contract documents or information prescribed by the GPPB that are subsequently required for submission after the contract execution, such as the Notice to Proceed, Variation Orders, and Warranty Security, shall likewise form part of the Contract.
3. In consideration for the sum of **Four Million Two Hundred Sixty-Two Thousand Eighty-Eight Pesos (P 4,262,088.00)**, or such other sums as may be ascertained, RITE ONE PHARMA agrees to **the SUPPLY AND DELIVERY OF VARIOUS DRUGS AND MEDICINES (ACETYLCYSTEINE 600MG EFFERVESCENT TABLET 20'S/BOX, ETC.)** IN accordance with its Bid.
4. The CITY GOVERNMENT OF PUERTO PRINCESA agreed to pay the above-mentioned sum in accordance with the terms of the Bidding.
5. The notarization of this instrument shall be on the account of the supplier.

IN WITNESS whereof the parties thereto have caused this Agreement to be executed the day and year first before written.

CITY GOVERNMENT OF PUERTO PRINCESA
(For the Entity)


LUCILO R. BAYRON
City Mayor

RITE ONE PHARMA
(For the supplier)


VIJAY N. KARNANI
Owner/Manager

WITNESSES

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)
CITY OF PUERTO PRINCESA) S.S.

BEFORE ME, a Notary Public for and in the City of Puerto Princesa, personally appeared:

NAME	Proof of Identification	Issued on	Issued at
Lucilo R. Bayron	TIN# 929-5-216-808		Puerto Princesa City
Vijay N. Karnani	231-468-16-000		Puerto Princesa City

both known to me and to me known to be the same persons who executed the foregoing Contract Agreement and they acknowledged to me that the same is their free and voluntary act and deed.

WITNESS MY HAND AND SEAL, this JUN 11 2025 day of 2025 at Puerto Princesa City.

Doc. No. 227;
PAGE NO. 19;
SERIES OF 2025




ATTY. PETER WINSTON T. GONZALES
NOTARY PUBLIC

NPL No. 2025-024 Until December 31, 2026

TR No. 9870349; December 6, 2024; P.P.City & Palawan (for 2025)

SP No. 479336; November 27, 2024; P.P.City & Palawan (for 2025)

ROLL NO. 37962

Unit 4 Lustre Building III, Rizal Avenue
Barangay San Miguel, Puerto Princesa City 5300