



**DEVELOPMENT BANK OF THE PHILIPPINES**  
Ozamiz Branch, Ozamiz City

**REQUEST FOR QUOTATION (RFQ)**

***Supply, Delivery, Installation, Testing and Commissioning of Fire Detection Alarm System***

Area of Delivery : DBP Ozamiz Branch  
Zamora cor. Burgos St. Ozamiz City  
Trade Agreement : New Government Procurement Act (R.A. 12009)  
Procurement Mode : Small Value Procurement (SVP)  
Classification : Goods and Services  
Project/Category : Supply, Delivery, Installation, Testing and Commissioning of Fire Detection Alarm System  
Approved Budget : P240,877.61  
Delivery Period : Within thirty (30) calendar days after receipt of Job Order (JO)/Notice to Proceed (NTP)

Company Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone/Fax Number : \_\_\_\_\_

UNIT	ITEM	DESCRIPTION	UNIT PRICE
1 lot	Supply, Delivery, Installation, Testing and Commissioning of Fire Detection Alarm System	Please see attached scope of works and technical specifications.	

Please quote your lowest price by filling out the table above on the subject project/category for the Development Bank of the Philippines (DBP) Ozamiz Branch.

Please **submit this form** duly signed by your authorized representative to the undersigned at DBP Ozamiz Branch, Zamora cor. Burgos St., Ozamiz City **not later than 3:00 p.m. on Aug 28, 2025** in a sealed envelope or email at [ozamis@dbp.ph](mailto:ozamis@dbp.ph) together with the following:

1. Certified true copy of valid & current Business Permit;
2. Certified true copy of valid & current Registration Certificate (whichever is applicable below):
  - a. Department of Trade & Industry (DTI) for sole proprietorship; or
  - b. Securities and Exchange Commission (SEC) for partnership/corporation.
3. PhilGEPS Registration Certificate; and
4. BIR Certificate of Registration.
5. Duly filled out Bill of Quantity (BOQ)
6. Privacy Consent Form duly signed by the bidder.

For questions and clarifications, you may contact us at telephone no. (088) 521-0032/0028.

SIGNED

**MGR. EMILY F. SORILLA**  
RBAC-WM Chairperson

SIGNED

Submitted by:

\_\_\_\_\_  
(Signature Over Printed Name  
of Authorized Representative)  
Date Submitted: \_\_\_\_\_

Received by (DBP):

Name of Receiver	Date Received	Signature