DEVELOPMENT BANK OF THE PHILIPPINES
Ozamiz Branch, Ozamiz City

BAGONG PILIPINAS

REQUEST FOR QUOTATION (RFQ)
SUPPLY, DELIVERY, INSTALLATION AND TESTING OF CCTV SURVEILLANCE SYSTEM

Area of Delivery	:	DBP Ozamiz Branch Ozamiz City	Dated: October 21, 2025
Trade Agreement	:	New Government Procurement Act (R.A. 12009)	
Procurement Mode	:	Small Value Procurement (SVP)	
Classification	:	Goods	
Project/Category	:	SUPPLY, DELIVERY, INSTALLATION AND TESTING OF CCTV SURVEILLANCE SYSTEM	
Approved Budget	:	P217,015.04	
Delivery Period	:	Thirty (30) calendar days after receipt of Purchase Order (PO)	

Company Name : _____
Address : _____
Telephone/Fax Number : _____

Item No.	QTY.	Unit	DESCRIPTION	QUOTATION (Inclusive of TAX)
1	1	LOT	**SUPPLY, DELIVERY, INSTALLATION AND TESTING OF CCTV SURVEILLANCE SYSTEM**	
			TOTAL	

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, Corner Gomez & Zamora Streets, Ozamiz City **not later than 3:00 p.m. on October 30, 2025** in a sealed envelope or email at 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.
4. BIR Certificate of Registration.
5. Duly filled out Data Privacy Consent Form. (Attached company ID if submitted by representative)
6. Duly filled out Bill of Quantity
7. Shop drawings and brochures/specification sheet of devices/equipment

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

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
CHRISTINE B. BELINARIO		