

## NOTICE OF AWARD

### MS. SHEENA S. DE GUZMAN

Authorized and Designated Representative

**Shroff International Travel Care, Inc.**

2/F RCBC Bldg., 1932 Taft Avenue,

Malate, Manila

Dear **Ms. De Guzman:**

We are pleased to inform you that your bid proposals for the **Services of Tour Operator for the Online Travel Bingo Challenge Season 2 - Lot 2 to 6** with the following contract amount inclusive of all applicable taxes are hereby accepted:

Lot No.	Description / Requirement	Contract Amount
2	Travel Vouchers for 15 pax featuring Central Luzon, CALABARZON & MIMAROPA	Php 1,185,000.00
3	Travel Vouchers for 15 pax featuring Bicol, Western and Central Visayas	Php 866,250.00
4	Travel Vouchers for 15 pax featuring Eastern Visayas, Zamboanga Peninzula, Norther Mindanao	Php 976,500.00
5	Travel Vouchers for 15 pax featuring Davao, SOCCSKSARGEN, and Caraga	Php 1,013,250.00
6	Travel Vouchers for 15 pax featuring NCR and El Nido	Php 677,250.00

You are hereby required to provide within ten (10) calendar days the performance security for each lot in the form and the amount stipulated in the Instruction to Bidder.

Forms of Performance Security	Amount of Performance Security
(a) Cash or cashier's/manager's check issued by a Universal or Commercial Bank (b) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by foreign bank	Five Percent (5%) of Contract Price

(c) Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as to authorized to issue such security	Thirty Percent (30%) of Contract Price
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Refusal to accept the award without justifiable reason and failure to provide the performance security shall constitute sufficient ground for cancellation of the award and disqualification in any future bidding of Tourism Promotions Board.

Very truly yours,

  
**MARIA ANTHONETTE C. VELASCO-ALLONES**  
 Chief Operating Officer   
 Date:

*Conforme:*

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**Shroff International Travel Care, Inc.**  
 Date: