

BASES CONVERSION and DEVELOPMENT AUTHORITY

2/F Bonifacio Technology Center, 31st Street Bonifacio Global City, Taguig City Tel. No. 8575-1700 loc. 1782/1784

Email: jllanciola@bcda.gov.ph

		REQUEST FOR QUI	DIATION				
(Con	npany Name	a):				Date: 13 September 2025 PR #: 0001577	
Pleas	se quote you	r lowest price(s) using this form, or your letterhead. Also, take	note of the followi	ng details:			
	2) Send the3) Quotation	in/s shall be addressed to the Head of Procurement Division. Fe said quotation/s to BCDA or fax the same at no. 8575-1785 rn/s submitted after the set deadline indicated in item no. 2 shattation/proposal shall be properly signed by the authorized repr	not later than <u>18 S</u> Ill not be accepted	eptember 202 /considered.	25 at 05:00pm.		
BCD	as may be refuse to a	the right to accept or reject any or all of the quotations, or waive considered most advantageous to the gov't., or to pursue approcept the award without justifiable reason/s.		n should the v	vinning bidder		
	JAYVEE L. Canva	LANCIOLA	ALMIRAS. CLARIANES Chief Administrative Officer				
TO.				Cnie	T Administrative C	Officer	
		AD OF PROCUREMENT pelow is/are the price(s) of the article(s)/service(s) as indic	ated under Unit I	Price:			
QTY (A)	UNIT	DESCRIPTION/SPECIFICATIONS	UNIT COST (ex-VAT) (B)	VAT (C)	TOTAL UNIT COST (D = B + C)	TOTAL AMOUNT (A x D)	
1	LOT	PROCUREMENT OF DATA PRIVACY COMPLIANCE MANAGEMENT SOLUTIONS SOFTWARE FOR ONE (1) YEAR SUBSCRIPTION PERIOD: FEBRUARY 1, 2026 TO JANUARY 31, 2027 (SEE ATTACHED TERMS OF REFERENCE FOR THE COMPLETE DETAILS AND REQUIREMENTS) APPROVED BUDGET FOR THE CONTRACT IS PHP1,000,000.00 PROSPECTIVE SUPPLIERS WHO WILL BID ABOVE THE ABC WILL BE DISQUALIFIED. NOTE: WARRANTY SECURITY / RETENTION MONEY IS NOT REQUIRED.					
				T	OTAL AMOUNT	₽	
1) Vali 2) Phi 3) Not 4) Late 5) BIR	d Mayor's/Bus GEPS Regist arized Omnib est Business/I c Certificate of and condition Price: Inclus Payment: 30 Delivery: One	us Sworn Statement ncome Tax Return Registration (BIR Form 2303) ons: ive of all applicable taxes and fees calendar days upon completion and acceptance e (1) Year ce: one (1) month				5	
	hereby certify	y, that we have prepared, checked and reviewed this quotation. valid unless revoked in writing which should be done prior to our rece	eipt of the Purchase	Order or Job O	order.		
Prin	ted Name/S	ignature/DATE Immediate Supervisor		Telephone / F	ax Number		