

**PURCHASE ORDER FORM**



**Supplier name:** Prenger Healthcare B.V.  
**Supplier address:** Zuid-Holland Laan 7  
 2596 AL The Hague  
**Country:** The Netherlands  
**Contact person:** [Redacted]  
**Phone number:** [Redacted]  
**Contact e-mail:** [Redacted]@Prengerhealthcare.com  
**Order number:** LCH2020-0312  
**Order date:** 11-12-2020  
**Reference name:** [Redacted]  
**Reference email:** [Redacted]h@lchulpmiddelen.nl

**Mediq Nederland B.V.**  
 Acting as part of: the Landelijk Consortium Hulpmiddelen (LCH)  
 Rijnzathe 10  
 3454 PV Utrecht  
 The Netherlands  
**Invoice address:** [Redacted]@lchulpmiddelen.nl  
**VAT number:** [Redacted]  
**KVK:** 62677926

Ordernumber regel	Product/service details supplier	Quantity	Expected delivery date	Price per unit ex. VAT	Amount ex. VAT
LCH2020-0312-01	7al. 10ul filter tips, Manueel, Dnase Rnase Free		31-jan-21		364.584,50
LCH2020-0312-02	7am. 50ul filter tips, Manueel, Dnase Rnase Free		31-jan-21		380.209,55
LCH2020-0312-03	7an.100ul filter tips, Manueel, Dnase Rnase Free		31-jan-21		380.209,55
LCH2020-0312-04	7ao. 200ul filter tips, Manueel, Dnase Rnase Free		31-jan-21		380.209,55
LCH2020-0312-05	7ap. 1000ul filter tips, Manueel Dnase Rnase Free		31-jan-21		453.126,45
LCH2020-0312-06	7aq. 1250ul filter tips, Manueel Dnase Rnase Free		31-jan-21		614.585,30
<b>Total</b>					

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**Total order value (excl. VAT) \$** 3.114.051,90  
**VAT \$** -  
**Total order value (incl. VAT) \$** 3.114.051,90

**Downpayment:** 1.286.462,45  
**Downpayment date:** asap  
**Payment agreement:** 50% upfront, 50% after delivery  
**Payment term (days):**  
**Other agreed terms:**

**Delivery condition:** FOB  
**Named place:** Shanghai (China): exact location will be communicated by our agent  
**Delivery address:** Will be communicated by our agent

**Principal name:** [Redacted]  
**Principal signature:** [Redacted] 5.1.2e  
**Supplier name:** Prenger Healthcare B.V.  
**Supplier signature:**

We kindly request you to check this order on product details, volume, delivery date, price and order value. Deviations need to be reported to the Finance department of LCH via: [Redacted]@lchulpmiddelen.nl.

**Delivery and billing need to be conducted stating the order number listed above.**

Billing statement requires stating your VAT number and bank account details.

This purchase order, and any related agreement, is conducted under and governed by the general purchase conditions of Mediq Nederland B.V.. You will find these conditions in the document "General conditions of Purchase of Mediq". The Mediq general purchase conditions shall prevail over any general conditions of sale of the supplier, which are hereby expressly rejected.