PURCHASE ORDER FORM

Supplier name: Supplier address:

Malvern Medical Developments

Unit 10, Northbrook Close, Worcester, Worcestershire, WR3 8BP

Country: Contact person: Phone number: Contact e-mail: United Kingdom Paige Griffiths 01905 731343 ext 202 5.1.2e)malmed.co.uk

Order number: Order date: Reference name: Reference email:

LCH2020-0259

28-7-2020 5 1 2e 5 1.2e @lchulpmiddelen.nl

A MEDIQ

Medig Nederland B.V.

Acting as part of: the Landelijk Consortium Hulpmiddelen (LCH) Rijnzathe 10

3454 PV Utrecht The Netherlands

5.1.2e @lchulpmiddelen.nl

VAT number: KVK:

NL854913981B01 62677926

Ordernumber regel	Product/service details supplier Oracol Swab per unit - S11	Quantity	Expected delivery date		Price per unit ex. VAT	Amount ex. VAT
			22.000	31-aug-20	5.1.1c	24.640,00
-02	Carriage UPS 2-3 Days		1	31-aug-20	3.1.10	554,40
				To	otal order value (excl. VAT) €	25.194,40
				VA		

Total order value (incl. VAT) €

25.194,40

Downpayment:
Downpayment date:
Payment agreement:
Payment term (days):
Other agreed terms:

25.194,40

29-7-2020

Bank Transfer. 100% upfront.

Delivery condition: Named place:

Delivery address:

DDP Wijchen

Will be communicated

by our agent

Principal name: Principal signature

Supplier name: 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 purchaseorders@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.