

PURCHASE ORDER FORM



Supplier name: Relief Goods Alliance BV (RGA)
 Supplier address: [Redacted]
 Country: [Redacted]
 Contact person: [Redacted]
 Phone number: +31 [Redacted]
 Contact e-mail: [Redacted]@gmail.com
 Order number: LCH2020-0154
 Order date: 22-4-2020
 Reference name: [Redacted]
 Reference e-mail: [Redacted]@lchulpmiddelen.nl

Mediq Nederland B.V.
 Acting as part of: the Landelijk Consortium Hulpmiddelen (LCH)
 Rijnzathe 10
 3454 PV Utrecht
 The Netherlands

Invoice address: Accounts payable@mediq.com

BTW: NL854913981801
 KVK: 62677926

Product/service details supplier	Quantity	Expected delivery date	Price per unit ex. VAT	Amount ex. VAT
ShengQuan I	500.000	5-mei-20	2,78	1.390.000,00
ShengQuan II	500.000	6-mei-20	2,78	1.390.000,00
ShengQuan III	500.000	7-mei-20	2,78	1.390.000,00
ShengQuan I	500.000	8-mei-20	2,78	1.390.000,00
ShengQuan II	1000000	9-mei-20	2,78	2.780.000,00
ShengQuan I	1000000	10-mei-20	2,78	2.780.000,00
ShengQuan II	1000000	11-mei-20	2,78	2.780.000,00
ShengQuan III	1000000	12-mei-20	2,78	2.780.000,00
ShengQuan I	1000000	13-mei-20	2,78	2.780.000,00
ShengQuan II	1000000	14-mei-20	2,78	2.780.000,00
ShengQuan III	1000000	15-mei-20	2,78	2.780.000,00
ShengQuan I	1000000	16-mei-20	2,78	2.780.000,00
ShengQuan II	1000000	17-mei-20	2,78	2.780.000,00
ShengQuan III	1000000	18-mei-20	2,78	2.780.000,00
ShengQuan I	1000000	19-mei-20	2,78	2.780.000,00
ShengQuan II	1000000	20-mei-20	2,78	2.780.000,00
ShengQuan III	1000000	21-mei-20	2,78	2.780.000,00
ShengQuan I	1000000	22-mei-20	2,78	2.780.000,00
ShengQuan II	1000000	23-mei-20	2,78	2.780.000,00
ShengQuan III	1000000	24-mei-20	2,78	2.780.000,00
ShengQuan I	1000000	25-mei-20	2,78	2.780.000,00
ShengQuan II	1000000	26-mei-20	2,78	2.780.000,00

Total order value (excl. VAT) € 55.600.000,00
 VAT €
 Total order value (incl. VAT) € 55.600.000,00

Downpayment: € 4.170.000,00
 Downpayment date: 24-4-2020
 Payment agreement: 100% payment after goods are finished and quality check has been done in factory
 Payment term (days): 1
 Other agreed terms: downpayment per delivery

Delivery condition: FOB
 Named place: SHANGHAI / PVG

Principal name: [Redacted]
 Principal signature: [Redacted]

Delivery address: Centraal Boekhuis
 Laanackerweg 14
 4131 PB Vianen

Supplier name: [Redacted]
 Supplier signature: [Redacted]

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. which will be provided to you on your request. The Mediq general purchase conditions shall prevail over any general conditions of sale of the supplier, which are hereby expressly rejected.