

# DELIVERY NOTE



® NTZ Nederland B.V.  
Sydneystraat 37  
3047 BP Rotterdam  
Netherlands  
Tel: 010-2383818  
Lieferantenummer: 91017520

Delivery No. : 17310169  
Delivery Date : 12/02/2024  
Sales order no. : 17210543  
Your reference : DCT230Eco SF CAP filter  
Delivery method : Ex Works  
Payment method : 60 days nett

DELIVERY TO: Magna PT S.p.A.  
Mrs. Scrimieri  
Via dei Ciclamini 4

70026 Modugno (Bari)  
Italy

IT 50138 34410

Quantity	Item Code	Description	Batch no.	Total ordered	Unit
600	M0162738	DCT230ECO SF CAP Filter	20241201	600	pcs
300	M0162737	DCT230ECO OIL Guider	20241202	300	pcs

ORD. 4500692323

ORD. 4500692323

50138 34423

KUEHNLE-PRINCEL S.r.l.  
Via dei Ciclamini 4 - 70026 Modugno (BA)

12 DIC 2024

"Ricevuto e conservato  
verifica su qualità e quantità"

615708

ORDERED BY:  
Magna PT S.p.A.  
Mrs. Scrimieri  
Via dei Ciclamini 4

70026 Modugno (Bari)  
Italy

BILLING ADDRESS:  
Magna PT S.p.A.  
Mrs. Scrimieri  
Via dei Ciclamini 4

70026 Modugno (Bari)  
Italy

COMMENTS:

SIGNATURE & COMPANY STAMP

NTZ Nederland BV  
Sydneystraat 37 - 3047 BP Rotterdam  
Tel: +31 107383818 Fax: +31-105911077

**ntz nederland bv**



Member of  
Frencken Group Limited

Bankrelatie / Bank account:  
Rabobank Westland  
Rekening nr./Account no. 3362.76.737  
Rabobank BIC: RABONL2U  
Iban nr.: NL22RABO0336276737

Magna PT S.p.A.  
ATTN; Mrs. Scrimieri  
Via dei Ciclamini 4

Invoice number 24800834  
Date 02/12/2024  
Debtor nr. 3001759

70026 Modugno (Bari)  
Italy

Our VAT number : NL008284544B01  
Your VAT Number: IT04886850728

Your Reference: DCT230Eco SF Cap filter  
Delivery note: 17310169 Order number: 17210543

ITEMCODE	QUANTITY	DESCRIPTION	NETT PRICE EUR	AMOUNT EUR
M0162738	600	DCT230ECO SF CAP Filter	0,4613	276,78
M0162737	300	DCT230ECO OIL Guider	0,4870	146,10

**NTZ Nederland BV**  
Sydneystraat 37, 3047 BP Rotterdam  
tel: +31-102383818

Ex Works  
Payment condition 60 days nett  
Country of origin: China  
Intra community supply

Total amount excl. VAT	EUR	422,88
Total VAT-amount	EUR	0,00
Total amount incl. VAT	EUR	422,88

NTZ Nederland B.V., Sydneystraat 37, 3047 BP Rotterdam, P.O. Box 12046, 3004 GA Rotterdam, The Netherlands  
Phone: +31 (0)10 238 3818; E-mail: info@ntz-filter.com - http://www.ntz-filter.com

NTZ Nederland B.V. is registered at the traders register in Rotterdam under no. 24232109 and statutory located in Rotterdam. Unless specified otherwise in writing, our general sales conditions, as deposited at the Chamber of Commerce in Rotterdam, apply to all our sales transactions.

Part Submission Warrant for Suppliers



Part Name <u>Suction Filter CAP</u>		Cust. Part Number <u>M0162738</u>	
Shown on Drawing No. <u>M0162738-00</u>		Org. Part Number <u>M0162738</u>	
Engineering Change Level <u>R09-X0 / 02</u>		Dated <u>30-sep-24</u>	
Additional Engineering Changes <u>n.a.</u>		Dated <u>n.a.</u>	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. <u>n.a.</u>	
Checking Aid No. <u>n.a.</u>		Weight (kg) <u>0,00549</u>	
Checking Aid Engineering Change Lev <u>n.a.</u>		Dated <u>n.a.</u>	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<u>NTZ Nederland BV</u>		<u>Magna Bari</u>	
Organization Name & Supplier/Vendor Code		Customer Name/Plant	
<u>Sydneysstraat 37</u>		Buyer/Buyer Code	
Street Address		Application	
<u>Rotterdam</u>	<u>3047BP</u>	<u>Nederland</u>	
City	Postal Code	Country	
<b>MATERIALS REPORTING</b>			
Has customer-required Substances of Concern information been reported? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a			
Submitted by IMDS/CAMDS or 1321685226 other customer format: _____			
Are polymeric parts identified with appropriate ISO marking codes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
<b>REASON FOR SUBMISSION (Check at least one)</b>			
<input checked="" type="checkbox"/> Initial Submission	<input type="checkbox"/> Tooling Inactive > than 1 year	<input type="checkbox"/> Parts Produced at Additional Location	
<input type="checkbox"/> Engineering Change(s)	<input type="checkbox"/> Change to Optional Construction or Material	<input type="checkbox"/> Capacity Increase (OEE required)	
<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or additional	<input type="checkbox"/> Supplier or Material Source Change	<input type="checkbox"/> Other - please specify below	
<input type="checkbox"/> Correction of Discrepancy	<input type="checkbox"/> Change In Part Processing	_____	
SRMA No. if applicable: _____			
<b>REQUESTED SUBMISSION LEVEL (Check one)</b>			
<input type="radio"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.			
<input type="radio"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer.			
<input checked="" type="radio"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer.			
<input type="radio"/> Level 4 - Warrant and other requirements as defined by customer.			
<input type="radio"/> Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.			
<b>SUBMISSION RESULTS</b>			
The results for <input checked="" type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material and functional tests <input checked="" type="checkbox"/> statistical process package <input type="checkbox"/> OEE <input type="checkbox"/> appearance criteria			
These results meet all drawing and specification requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" - Explanation Required)			
Mold / Cavity / Production Process _____			
<b>DECLARATION</b>			
I hereby affirm that the samples represented by this warrant are representative of our parts which were made by a process that meets all Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of <u>2,7K /8</u> hours. I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from the declaration below.			
<b>CAPACITY REQUIREMENTS</b>			
I hereby confirm to have a <u>7,2K</u> day capacity including the complete supply chain available for a max. CPV: _____ with a Shiftpattern: max. <u>12</u> shifts/ week <u>11</u> h/shift and min. <u>50,8</u> weekly/year. I have noted any deviations from the Capacity Requirements below.			
<b>EXPLANATION/COMMENTS</b> <u>D-samples</u>			
Is each Customer Tool properly tagged and numbered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a Tool Order <u>4500682379</u>			
Organization Authorized Signature 		Date <u>2-dec-24</u>	
Print Name <u>José van der Vossen</u>		Phone No. <u>0031(0)10 238 38 18</u>	
Title <u>General Manager</u>		E-mail <u>jose.vandervossen@ntz-filter.com</u>	
<b>FOR CUSTOMER USE ONLY</b>			
PPAP Warrant Status <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Intern. Accepted		for Interim approval Alert (BAW) or MD No. is necessary, if deviations to specification and/or Contract are identified Management Deviation Request or special authorization as attachment on PSW No: _____	
Comments _____			
Customer Signature _____		Date _____	
Print Name _____		Customer Tracking Number (optional) _____	

based on CFG-1001 PPAP Version 4

Part Submission Warrant for Suppliers



Part Name <u>Oil Spout Input Shaft Oil Guider</u>		Cust. Part Number <u>M0162737</u>	
Shown on Drawing No. <u>M0162737</u>		Org. Part Number <u>PD5C-7421-AA</u>	
Engineering Change Level <u>00</u>		Dated <u>1-Jul-24</u>	
Additional Engineering Changes <u>n.a.</u>		Dated <u>n.a.</u>	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No. <u>4500695830</u>	Weight (kg) <u>0.007</u>	
Checking Aid No. <u>n.a.</u>	Checking Aid Engineering Change Lev <u>n.a.</u>	Dated <u>n.a.</u>	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<u>NTZ Nederland BV</u>		<u>Magna Bari</u>	
Organization Name & Supplier/Vendor Code		Customer Name/Plant	
<u>Sydneystraat 37</u>			
Street Address		Buyer/Buyer Code	
<u>Rotterdam</u>	<u>3047BP</u>	<u>Nederland</u>	<u>DCT Eco</u>
City	Region Postal Code	Country	Application
<b>MATERIALS REPORTING</b>			
Has customer-required Substances of Concern information been reported?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	
Submitted by IMDS/CAMDS or 1347068039 other customer format: _____			
Are polymeric parts identified with appropriate ISO marking codes?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
<b>REASON FOR SUBMISSION (Check at least one)</b>			
<input checked="" type="checkbox"/> Initial Submission	<input type="checkbox"/> Tooling Inactive > than 1 year	<input type="checkbox"/> Parts Produced at Additional Location	
<input type="checkbox"/> Engineering Change(s)	<input type="checkbox"/> Change to Optional Construction or Material	<input type="checkbox"/> Capacity Increase (OEE required)	
<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or additional	<input type="checkbox"/> Supplier or Material Source Change	<input type="checkbox"/> Other - please specify below	
<input type="checkbox"/> Correction of Discrepancy	<input type="checkbox"/> Change In Part Processing		
SRMA No. if applicable: _____			
<b>REQUESTED SUBMISSION LEVEL (Check one)</b>			
<input type="radio"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.			
<input type="radio"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer.			
<input checked="" type="radio"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer.			
<input type="radio"/> Level 4 - Warrant and other requirements as defined by customer.			
<input type="radio"/> Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.			
<b>SUBMISSION RESULTS</b>			
The results for <input checked="" type="checkbox"/> dimensional measurements		<input checked="" type="checkbox"/> material and functional tests	<input checked="" type="checkbox"/> statistical process package
		<input type="checkbox"/> OEE	<input type="checkbox"/> appearance criteria
These results meet all drawing and specification requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" - Explanation Required)			
Mold / Cavity / Production Process <u>Injection molding process, 2 cavity tool</u>			
<b>DECLARATION</b>			
I hereby affirm that the samples represented by this warrant are representative of our parts which were made by a process that meets all Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of <u>1280 /8</u> hours. I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from the declaration below.			
<b>CAPACITY REQUIREMENTS</b>			
I hereby confirm to have a <u>2680</u> day capacity including the complete supply chain available for a max. CPV <u>3350</u> with a Shiftpattern: max. <u>9</u> shifts/week <u>7,5</u> h/shift and min. <u>46,8</u> weeklyear. I have noted any deviations from the Capacity Requirements below.			
EXPLANATION/COMMENTS: <u>D-samples</u>			
Is each Customer Tool properly tagged and numbered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> n/a		Tool Order	<u>4500687389</u>
Organization Authorized Signature		Date	<u>22-nov-24</u>
Print Name <u>José van der Vossen</u>	Phone No. <u>0031(0)10 238 38 18</u>	Fax No.	
Title <u>General Manager NTZ</u>	E-mail <u>jose.vandervossen@ntz-filter.com</u>		
<b>FOR CUSTOMER USE ONLY</b>			
PPAP Warrant Status	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Interim Accepted	for Interim approval Alert (BAW) or MD No. is necessary; if deviations to specification and/or Contract are identified Management Deviation Request or special authorization as attachment on PSW No: _____	
Comments _____			
Customer Signature _____	Date _____		
Print Name _____	Customer Tracking Number (optional) _____		

based on CFG-1001 PPAP Version 4



# INITIAL SAMPLE / ERSTMUSTER

SUPPLIER / LIEFERANT \_NTZ Nederland /  
91017520\_\_\_\_\_

MANUFACTURING SITE CODE / STANDORT CODE \_Magna Bari  
70026\_\_\_\_\_

Change Order Number: \_\_\_\_\_

PART NAME / TEILEBEZEICHNUNG DCT230 ECO Oil  
Guider\_\_\_\_\_

PART NUMBER (incl. Change Index) / TEILENUMMER (einschl. Änderungsindex) \_  
M0162738\_\_\_\_\_

Responsible MAGNA SQD Engineer / Ingenieur: \_Alessio Giusto & Tommaso  
Lucchese\_\_\_\_\_

PRODUCTS / PROGRAMS – PRODUKT / PROGRAMM:

QUANTITY / LIEFERMENGE:

\_DCT230 ECO Oil  
Guider

\_300\_\_\_\_\_

## PPAP / PSW Status:

- PSW signed / freigegeben
  - Interim PSW signed / interim Freigabe
  - PSW not signed / nicht freigegeben
- 2024

Name: Leroy Brouns

Date / Datum: 02-12-

**Receiving plant information: Forward Initial Sample including all attached documents to Plant Quality Office!  
Information für Empfänger-Werk: Erstmuster einschließlich Dokumentation an Werks-Qualitätsabteilung  
weiterleiten!**



# INITIAL SAMPLE / ERSTMUSTER

SUPPLIER / LIEFERANT \_NTZ Nederland /  
91017520

MANUFACTURING SITE CODE / STANDORT CODE \_Magna Bari  
70026

Change Order Number: \_\_\_\_\_

PART NAME / TEILEBEZEICHNUNG DCT230 ECO CAP  
Filter

PART NUMBER (incl. Change Index) / TEILENUMMER (einschl. Änderungsindex):\_  
M0162737

Responsible MAGNA SQD Engineer / Ingenieur: \_Alessio Giusto & Tommaso  
Lucchese

PRODUCTS / PROGRAMS – PRODUKT / PROGRAMM:

QUANTITY / LIEFERMENGE

\_DCT230 ECO CAP  
Filter

\_600

## PPAP / PSW Status:

- PSW signed / freigegeben
- Interim PSW signed / interim Freigabe
- PSW not signed / nicht freigegeben

Name: Leroy Brouns

Date / Datum: 02-12-  
2024

*Receiving plant information: Forward Initial Sample including all attached documents to Plant Quality Office!  
Information für Empfänger-Werk: Erstmuster einschließlich Dokumentation an Werks-Qualitätsabteilung  
weiterleiten!*

