

GETRAG Spedizione n.

Data 05/05/2020

7KVJXV

Mittente (Nome, reparto)

Posa Roberto, B/WLQ

Destinatario (Indirizzo, persona da contattare, telefono)
 Luogo di destinazione (se diverso dal destinatario)

Att. To (Mr.) Fei Xie
 NIDEC (Dalian) Limited, No.1 Second west Liaoh Road, Dalian Economic & technical
 Development Zone, 116600 CHINA

Spese di trasporto a carico di...

- > se a carico della Getrag S.p.A. è necessaria l'autorizzazione,
- > se a carico del destinatario è necessario che costui comunichi il trasportatore da utilizzare in porto assegnato

Franco

(spese di trasporto a carico della Getrag S.p.A.)

Assegnato

(spese di trasporto a carico del destinatario);

Trasportatore:

TNT 93330

AUTORIZZATO del DIRIGENTE di reparto

(firma)

Roberto Posa

Contenuto

Imballaggio	Tipo di	Nr. coll.	Denominazione merce	Codice materiale	Q.tà	Valore della merce (Obbligatorio x la dogana o assicurazione)	Peso Kg.	Causale del trasporto
Cartone		01	E-MOTOR SHIFTING	2517255313	1	€	1,2	Ir 2'108205
						€		
						€		

Centro di costo:

639

Consegna gratuita ?

SI

NO

Ordine acquisto: (da indicare in caso di vendita)

Data massima di arrivo presso il destinatario:

in 2 giorni

in 4 giorni

senza indicazioni

Supplier Nidec (Dailian) Limited No Second west liaohe road 116600 DALIAN ECONOMIC & TECHNICAL DEVELOP CINA	<table border="1"> <tr> <th colspan="2">Advanced information for the supplier</th> </tr> <tr> <td>Inspection Report No./ created:</td> <td>200000108203 / 05.05.2020</td> </tr> <tr> <td>Goods receipt No.:</td> <td>5010252224</td> </tr> <tr> <td>Delivery No.:</td> <td>80311798</td> </tr> <tr> <td>Goods receipt Date:</td> <td>13.03.2020</td> </tr> <tr> <td>Part description</td> <td>Part-No.</td> </tr> <tr> <td>E-Motor Clutch</td> <td>2517255213</td> </tr> <tr> <td>Quantity:</td> <td>8.760</td> </tr> <tr> <td>VAT No.:</td> <td>IT04886850728</td> </tr> </table>	Advanced information for the supplier		Inspection Report No./ created:	200000108203 / 05.05.2020	Goods receipt No.:	5010252224	Delivery No.:	80311798	Goods receipt Date:	13.03.2020	Part description	Part-No.	E-Motor Clutch	2517255213	Quantity:	8.760	VAT No.:	IT04886850728
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E-Motor Clutch	2517255213																		
Quantity:	8.760																		
VAT No.:	IT04886850728																		
<p>During inspection of the above mentioned parts we found the below listed defects. We expect you to take correctiv actions to prevent such problems in the future. Another inspection report will be issued in case of further defects found on the same parts.</p> <p>The payment of the goods after discovering the deficiencies by GETRAG is not considered as an acknowledgement of the goods as duly.</p>																			
<p>You are requested to send a written response (8D-Report) to department B/WLQ4 until 19.05.2020.</p>																			
<p>Defect description:</p> <p>Loss to the leak test (Info report) Quality Notification Origin: Assembly line</p> <p>Defect: Loss to the leak test. Quantity: 01 part (partial results)</p> <p>DMC: 191221_91020615_2003729_2517255213_d ID: C191221 - A23729H1</p> <p>Note: our assembly line scrap an e-motor for loss of leak test, we need your deeper investigation on this part.</p> <p>QN Origin: RL Line Scrap Disturb Index: 2 2-High</p>																			
<p>Inspected quantity: 1 Return delivery quantity: 0</p>																			
<table border="0"> <tr> <td>Quality contact person:</td> <td>Logistic contact person:</td> </tr> <tr> <td>Tester: Francesco Giovannello</td> <td>Logistics:</td> </tr> <tr> <td>Telephone:</td> <td>Telephone:</td> </tr> <tr> <td>E-Mail: Franco.Giovannello@magna.com</td> <td>E-Mail:</td> </tr> </table>		Quality contact person:	Logistic contact person:	Tester: Francesco Giovannello	Logistics:	Telephone:	Telephone:	E-Mail: Franco.Giovannello@magna.com	E-Mail:										
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Telephone:	Telephone:																		
E-Mail: Franco.Giovannello@magna.com	E-Mail:																		
<p>Charges for the defective or rejected parts will be made seperately under the above mentioned number. CONTROL PLAN HAS TO BE REVIEW? YES NO</p> <p>With best regards</p> <p>-----</p>																			

Magna PT S.p.A.
a socio unico
Via dei Ciclamini 4
I-70026 Modugno (Bari)
Tel. 080 - 5 85 81 11
Fax 080 - 5 85 82 04

Cap.Soc.: EUR 25.850.000,00
i.v.R.Imprese di Bari
C.F. e P.IVA 04886850728
REA 339886
www.magna.com

EUR: BNL-Banca Nazionale del Lavoro SpA
IBAN code EUR: IT94 V010 0504 0000 0000 0007 855
BIC code: BNLIITRR 6560 12
USD: Bank of America N.A.
IBAN code USD: GB64 BOFA 1650 5071 1710 20
BIC code: BOFAGB22

Soggetta ad attività di direzione e coordinamento di Magna Powertrain GmbH
Subject to the activity of the direction and coordination of Magna Powertrain GmbH

1. Sender's Account Number **000175159**
 2. Invoice to Receiver **SENDER LIABLE FOR UNPAID CHARGES**
 Receiver's account number **000093330**

3. Customer Reference

4. From (Collection Address)
 Name: **GETRAG SPA**
 Address: **VIA DEI CICLAMINI 4**

City: **MODUGNO** Postal / ZIP Code: **70026**
 Province/Region: **BA** Country/Territory: **ITALY**
 Contact Name: **CONSALVO** Tel. No.: **080 5858665**

5. To (Receiver)
 Name: **NIDEC**
 Address: **N. 4 SECOND WEST LIAOHE ROAD**
TZONE DALIAN
 City: **DALIAN-JINZHOU** Postal / ZIP Code: **116600**
 Province/Region: **LIAONING** Country/Territory: **CHINA**
 Contact Name: Tel. No.:

6. Delivery Address
 Name:
 Address:
 City:
 Province/Region:
 Contact Name:
 Postal / ZIP Code:
 Country/Territory:
 Tel. No.:

7. Dangerous Goods
 Does this consignment contain any dangerous goods? Yes No
 CARRIAGE OF THIS CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE
 Your Signature: *[Signature]* Received by TNT: *[Signature]*
 Date: **08/05/2020** Day/Month/Year Date: Time:

Sending Depot **BRI** Receiving Depot **DLC**



GD 454910816 WW
 Please quote the Number if you have an enquiry.

8a. Services
 Special Express 9:00 Express
 10:00 Express
 12:00 Express Express
 12:00 Economy Express
 Economy Express

8b. Options
 Priority
 Insurance

9. Special Delivery Instructions

10. Goods Descriptions

General Description	Number of Items	Weight		Dimensions		
		Kilos	Grams	Length	Width	Height
SPARE	2			30,00	20,00	20,00
Total		2	2,00	400,0		

Stat. No. Ops verify: Volume: Volume Weights:

11. Durable Shipment Details
 REGENERATED COPY

WHITE SECTIONS ARE MANDATORY, PLEASE COMPLETE IN CAPITALS AND PRESS HARD.

1. Sender's Account Number **000175159** **SENDER LIABLE FOR UNPAID CHARGES**

2. Invoice to Receiver and provide receiver's account number **0000933330**
 or call Customer Service for correct account details

3. Customer Reference (Information you would like on the invoice (if required))

4. From (Collection Address)

Name: **GETRAG SPA**

Address: **VIA DEI CICLAMINI 4**

City: **MODUGNO** Postal / Zip Code: **70026**

Province/Region: **BA** Country/Territory: **ITALY**

Contact Name: **CONSALVO** Tel. No.: **080 5858665**

5. To (Receiver)

Name: **NIDEC**

Address: **N°1 SECOND WEST ZHAOHE ROAD**

City: **TZONE DALIAN (L.A. SHIJI) CHINA**

Province/Region: **TOP O. BOX NUMBERS**

City: **DALIAN-JINZHOU** Postal / Zip Code: **116000**

Province/Region: **LIAONING** Country/Territory: **CHINA**

Contact Name: _____ Tel. No.: _____

6. Delivery Address (if different from receiver's address above)

Name: _____

Address: _____

City: _____

Province/Region: _____

Contact Name: _____

7. Dangerous Goods (Cross correct box)

Does this consignment contain any dangerous goods? If Yes No

yes, please call our Customer Service.

CARRIAGE OF THIS CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE

Your Signature: *Conline* Received by TNT (to be completed by TNT)

Date: **8/5/2008** (Day/Month/Year) Date: _____ Time: _____

TNT

GD 454910816 WW

Please quote this Number if you have an enquiry.

8a. Services (Cross one box only to select a Service)

Special Express	<input type="checkbox"/>	Documents	<input type="checkbox"/>
9:00 Express	<input type="checkbox"/>	Non-Documents	<input type="checkbox"/>
10:00 Express	<input type="checkbox"/>		<input type="checkbox"/>
12:00 Express	<input type="checkbox"/>		<input type="checkbox"/>
Express	<input type="checkbox"/>		<input checked="" type="checkbox"/>

12:00 Economy Express

Economy Express

Please contact Customer Service to arrange shipment. For contact and service details, please see [http://www.tnt.com](#). Insurance for goods in transit will be provided and included.

8b. Options (Cross boxes)

Priority (Major handling time plus delivery for express and economy options)

Insurance (For documents and non-documents. Please provide insurance details)

9. Special Delivery Instructions (Reserved for your instructions (if required))

10. Goods Descriptions (if dutiable please complete section 11)

General Description	Number of Items	Weight		Dimensions		
		Kilos	Grams	Length	Width	Height
SPARE	2			30,00	20,00	20,00
Total		2	2,00	400,0		

Stat. No. _____

11. Dutiable Shipment Details (Complete for dutiable consignments)

Receiver's VAT / IVA / BTW / MWST No. _____

EUR _____

SENDER'S COPY

Refer to page 1 for reference

Magna PT S.p.A.
 Via dei Ciclamini, 4
 70026 MODUGNO (BA)
 C.F. e P. IVA 04886850728