

Dear Supplier

Please find attached the purchase order which consolidates Fresenius Medical Care Andina S.A.S. requirements in terms of delivery dates and quantities. Please remember to follow these activities at the time of making the dispatch, aimed at having a process without complications.

1. Send a set of documents required for the dispatch within maximum of 4 days prior to departure (invoice, certificates of analysis, packing list, transport documents/BL) to the email: andrea.perilla@freseniusmedicalcare.com; Angie.Gordillo@freseniusmedicalcare.com; carolina.cruz@freseniusmedicalcare.com; monicaalejandra.torres@freseniusmedicalcare.com

2. Keep in mind that the BL/AWB must say as follows (consignee and notify) *Please include the information in Spanish*

FRESENIUS MEDICAL CARE ANDINA SAS

NIT. 900.297.009-5

ZONA FRANCA PERMANENTE INTEXZONA

** The following information may remain in the Notify or in additional information.

DEPOSITO CODIGO 2396 - KILOMETRO 1 VIA SIBERIA-FUNZA LOTE 85

3. The invoice must include the purchase order number and position corresponding to the delivery. Please take into account that if this information is critical, in order to proceed with the payments.

4. If there is any change in the notified delivery dates, this must be notify must be notified to the designated buyer: carolina.cruz@freseniusmedicalcare.com and monicaalejandra.torres@freseniusmedicalcare.com

5. After departure, the invoice must be sent to the email fact.electronica.fmeandina@freseniusmedicalcare.com with copy to carolina.cruz@freseniusmedicalcare.com and monicaalejandra.torres@freseniusmedicalcare.com

Finally, if you have any questions, please do not hesitate to contact the following areas depending on the nature of your request:

- **Electronic invoicing - Payments:** (confirmation of filing of invoices): FMC-CO-AP@freseniusmedicalcare.com

Please take into account the payment condition established with Fresenius Medical Care, at the time of requesting the information.

3. Differences in the prices of the purchase order price: carolina.cruz@freseniusmedicalcare.com/monicaalejandra.torres@freseniusmedicalcare.com

We appreciate your attention to our request and we trust that with your help we can satisfactorily complete the process from the issuance of the invoice to its payment.

Kind Regards