

REPLY FORM

Re: Letter Philips Supply Management dated 19. March 2010
Philips Regulated Substances List
Submitting of chemical information via BOMcheck

<supplier name>

Please return via regular mail or e-mail to:

Philips BOMcheck Support Center

Infosys BPO Poland Sp. z o.o.
Al. Pilsudskiego 22
90-051 Lodz, Poland

bomcheck@philips.com

By signing this reply form, we declare that, in amendment to existing contractual arrangements with any respective Philips entity belonging to the Royal Philips Electronics group of companies, we acknowledge and agree to fulfill the Philips requirements mentioned sub I and II in the letter of Philips Supply Management dated 19. March 2010, hereinafter "the Letter".

In summary:

- To comply with the Philips Regulated Substances List as attached to the Letter within three months after 19. March 2010 or earlier if required by legislation;
- To receive the Philips Regulated Substances List and any changes thereto as of today through BOMcheck and/or regular mail and to comply with any new requirements within three months after any modification or earlier if required by legislation;
- To submit chemical information through BOMcheck for all articles supplied to Philips by September 1, 2010 ultimately.

Supplier: _____

Address: _____

Zip code, city: _____

Telephone: _____

e-mail: _____

Contact person: _____

Authorized representative(s): _____

Position: _____

Place, date: _____

Signature(s): _____

回执

主题：2010 年 3 月 22 日飞利浦供应链管理信函

新皇家飞利浦管制物质清单

通过 BOMcheck 提交化学信息

<supplier name / address>

请通过平信或电子邮件返回至：

Philips BOMcheck Support Center
Infosys BPO Poland Sp. z o.o.
Al. Piłsudskiego 22
90-051 Łódź, Poland
bomcheck@philips.com

签署本回执即意味着我们声明，在对皇家飞利浦电子集团旗下各飞利浦实体的现有契约安排进行的修订中，我们确认并同意履行 2010 年 3 月 22 日飞利浦供应链管理信函（下文简称“信函”）内事由 I 和 II 中所提及的飞利浦要求。

归纳如下：

- 自 2010 年 3 月 22 日起三个月内或（如果法律规定）在更短时间内符合本信函随附的“皇家飞利浦管制物质清单”要求；
- 自即日起通过 BOMcheck 和/或平信接收“皇家飞利浦管制物质清单”及其任何变更，并在自任何修改之日起三个月内或（如果法律规定）在更短时间内符合任何新的要求；
- 最终在 2010 年 9 月 1 前通过 BOMcheck 就向飞利浦供应的所有物品提交化学信息。

供应商：_____

地址：_____

城市、邮编：_____

电话：_____

电子邮件：_____

联系人：_____

授权代表：_____

职位：_____

地点、日期：_____

签字：_____