

# Cover Sheet

**Sender**

Supplier Name  
Plant Designation your company address  
Street or Post Box  
Country, Post Code, City

**Recipient**

Blanco Professional GmbH + Co.KG  
Werk 1 - Wareneingang Nr. 1  
Flehinger Straße 59  
D-75038 Oberderdingen

please cross appropriate box(es)

- Production Process and Product Approval**
- DmbA (Part with special Documentation Requirements)**
- Submission Level:** \_\_\_\_\_
- Sampling
  - New Part
  - Product Change (Specification Change)
  - Change of Location of Production
  - Change of Production Process
  - Production stopped for more than 12 months
  - Tool Modification / Tool Correction
  - Change of Purchased Parts
  - Change of Supplier
  - Other \_\_\_\_\_
- Re-Sampling \_\_\_\_\_
- New Sampling \_\_\_\_\_
- Report for Other Samples**

Attachement / Documents to be Reviewed		
<input type="checkbox"/> 01 Verification of Dimensions	<input type="checkbox"/> 09 EMI Testing	<input type="checkbox"/> 17 List of Measuring Equipment
<input type="checkbox"/> 02 Functional Testing	<input type="checkbox"/> 10 Reliability Testing	<input type="checkbox"/> 18 Measuring System Analysis
<input type="checkbox"/> 03 Material Testing	<input type="checkbox"/> 11 Design-FMEA	<input type="checkbox"/> 19 EU Safety Data Sheet
<input type="checkbox"/> 04 Haptic Testing	<input type="checkbox"/> 12 Design Approval	<input type="checkbox"/> 20 Material Data Sheet/IMDS
<input type="checkbox"/> 05 <b>Accoustic Testing</b>	<input type="checkbox"/> 13 Process-FMEA	<input type="checkbox"/> 21 Transportation Equipment / Packaging
<input type="checkbox"/> 06 Odour Testing	<input type="checkbox"/> 14 Process Flow Chart	<input type="checkbox"/> 22 Certificates
<input type="checkbox"/> 07 Appearance Testing	<input type="checkbox"/> 15 Production Control Plan	<input type="checkbox"/> 23 Process Approval
<input type="checkbox"/> 08 Surface Testing	<input type="checkbox"/> 16 Process Capability Study	<input type="checkbox"/> 24 Other

please cross appropriate box(es) + add enclosures

<b>Supplier/Production Location:</b> <u>your Company Name / your Production Location</u>		<b>Customer:</b>	
Code Number/DUNS-Code: <u>Supplier No. according to PO (see 1.) / your commercial code for the identification of the company (if existing)</u>		Code Number: _____	
Report No. <u>your Report No.</u> Index: _____	Report No.: _____ Index: _____	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">to be filled out by BLANCO Professional</div>	
Designation: <u>Item Designation (see 5.)</u>	Designation: _____		
Part Number: <u>Your Part No.</u>	Part Number: _____		
Drawing Number: <u>1000.....drw.000.01 (see 2.)</u>	Drawing Number: _____		
Status / Date: <u>Date of Release (see 3.)</u>	Status / Date: _____	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;">starting with 1; every following sampling of the same item +1</div>	
<b>Shipment-No. / -Date:</b> _____ <u>from you</u>	<b>RO-No. / -Date:</b> _____	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;">to be submitted for parts for automotive sector</div>	
Quantity: <u>Quantity</u>	Order-No./-Date: _____	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;">your contact details</div>	
Lot Number: <u>from you</u>	Shipment-Address: _____	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;">for your explanatory notes (if needed)</div>	
Weight of Sample: <u>according to construction parts</u>			

<b>Confirmation from Supplier:</b>	
We herewith confirm, that the sampling process fullfills the requirements of VDA volume 2, chapter 4.	
<input type="checkbox"/> The IMDS-Data Set was created using the following IMDS-ID-No.: _____	
Name: <u>contact person in your company</u>	Remark: _____
Department: <u>quality assurance / quality management</u>	
Phone: _____	
Fax: _____	
E-mail: _____	
Date: _____	Signature: _____

Customer Decision	Total:	Individual Approval:																								
		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
<b>Approved</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conditional approval, Re-Sampling required</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Refused, New Sampling required</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deviation Approval-No. _____	Valid until: _____	Quantity: _____												Date for Re-Sampling: _____												
If sent back, Delivery-Note-No. / -Date: _____		to be filled out by BLANCO Professional																								
Name: _____																										
Department: _____																										
Phone: _____																										
Fax: _____																										
E-mail: _____																										
Date: _____	Signature: _____																									

# Product related Test Results

<input type="checkbox"/> 01 Verification of Dimensions <input type="checkbox"/> 02 Functional Testing <input type="checkbox"/> 03 Material Testing <input type="checkbox"/> 04 Haptic Testing <input type="checkbox"/> 05 Sound Testing	<input type="checkbox"/> 06 Odour Testing <input type="checkbox"/> 07 Appearance Testing <input type="checkbox"/> 08 Surface Testing <input type="checkbox"/> 09 EMI Testing <input type="checkbox"/> 10 Reliability Testing	Page 1 of 1 <div style="border: 1px solid blue; padding: 2px; display: inline-block;">please cross appropriate box(es)</div>
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<b>Supplier/Production Location:</b> <u>your Company Name / your Production Location</u>	<b>Customer:</b>
Code Number/DUNS-Code: <u>Supplier No. according to PO (see 1.) / your numercial</u> <u>code for the identification of the company (if existing)</u>	Code Number: _____
Report No. <u>your Report No.</u> Index: _____	Report No. _____ Index: _____
Designation: <u>Item Designation (see 5.)</u>	Designation: <div style="border: 1px solid blue; padding: 2px;">to be filled out by BLANCO Professional</div>
Part Number: <u>Your Part No.</u>	Part Number: _____
Drawing Number: <u>1000.....drw.000.01 (see 2.)</u>	Drawing Number: _____
Status / Date: <u>Date of Release (see 3.)</u>	Status / Date: _____

Ref. No.	Requirement Specification	Actual Values Supplier	Specif. fulfilled	
			yes	no
1	<u>nominal dimension 1 incl. tolerance</u>	<u>measured size 1</u>		
2	<u>nominal dimension 2 incl. tolerance</u>	<u>measured size 2</u>		
3	---	---		
4	---	---		
5	---	---		
6				
7				
8				
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11				
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13				
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16				
17				
18				
19				
20				
21				

Please send the Initial Sample Test Report by e-mail to empbcs@blanco.de in advance and deliver the original (incl.

24		
25		
26		
27		

<b>Confirmation from Supplier:</b> Remarks: <div style="border: 1px solid blue; padding: 2px;">if needed</div>	<b>Customer Decision</b> Approved <input type="checkbox"/> Conditional approval, Re-Sampling required <input type="checkbox"/> Refused, New Sampling required <input type="checkbox"/> Remarks: <div style="border: 1px solid blue; padding: 2px; text-align: center;">to be filled out by BLANCO Professional</div>
Name: <u>contact person in your company</u> Department: <u>quality assurance / quality management</u> Phone: _____ Fax: _____ E-mail: _____ Date: _____ Signature: _____	Name: _____ Department: _____ Phone: _____ Fax: _____ E-mail: _____ Date: _____ Signature: _____

according to the cover sheet

please cross appropriate box. In case of non-conformance please contact BLANCO Professional Quality Management before you send the initial

starting with 1; every following sampling of the

to be filled out by BLANCO Professional

# Content of the PPF-Report

<b>Supplier/Production Location:</b> <a href="#">your Company Name / your Production Location</a>		<b>Customer:</b>	
Code Number/DUNS-Code: <a href="#">Supplier No. according to PO (see 1.) / your commercial</a>		Code Number:	
<a href="#">code for the identification of the company (if existing)</a>			
Report No. <a href="#">your Report No.</a>	Index:	Report No.:	Index:
Designation: <a href="#">Item Designation (see 5.)</a>	starting with 1; every following sampling of the same item +1	Designation:	to be filled out by BLANCO Professional
Part Number: <a href="#">Your Part No.</a>		Part Number:	
Drawing Number: <a href="#">1000.....drw.000.01 (see 2.)</a>		Drawing Number:	
Status / Date: <a href="#">Date of Release (see 3.)</a>		Status / Date:	

Attachment	Status/ Date	Type, No. of Pages, Identification of Attachment
<input type="checkbox"/> 01 Verification of Dimensions		
<input type="checkbox"/> 02 Functional Testing		
<input type="checkbox"/> 03 Material Testing		
<input type="checkbox"/> 04 Haptic Testing		
<input type="checkbox"/> 05 Sound Testing		
<input type="checkbox"/> 06 Odour Testing		
<input type="checkbox"/> 07 Appearance Testing		
<input type="checkbox"/> 08 Surface Testing		
<input type="checkbox"/> 09 EMI Testing		
<input type="checkbox"/> 10 Reliability Testing		
<input type="checkbox"/> 11 Design-FMEA		
<input type="checkbox"/> 12 Design Approval		
<input type="checkbox"/> 13 Process FMEA		
<input type="checkbox"/> 14 Process Flow Chart		
<input type="checkbox"/> 15 Production Steering Plan		
<input type="checkbox"/> 16 Process Capability Study		
<input type="checkbox"/> 17 List of Test Equipment		
<input type="checkbox"/> 18 Test Equipment Capability Study		
<input type="checkbox"/> 19 EU Safety Data Sheet		
<input type="checkbox"/> 20 Material Data Sheet / IMDS		
<input type="checkbox"/> 21 Transportation Equipment / Packagin		
<input type="checkbox"/> 22 Certificates		
<input type="checkbox"/> 23 Process Approval		
<input type="checkbox"/> 24 Other		

please cross appropriate box(es)

**Remarks from Supplier:** [for your explanatory notes \(if needed\)](#)

Name: [contact person in your company](#)

Department: [quality assurance / quality management](#)

Phone: } according to the cover sheet

Fax: }

E-mail: }

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

# Process related Documents for Test Results

<input type="checkbox"/> 11 Design-FMEA <input type="checkbox"/> 12 Design Approval <input type="checkbox"/> 13 Process FMEA <input type="checkbox"/> 14 Process Flow Chart <input type="checkbox"/> 15 Production Steering Plan <input type="checkbox"/> 16 Process Capability Study <input type="checkbox"/> 17 List of Test Equipment	<input type="checkbox"/> 18 Test Equipment Capability Study <input type="checkbox"/> 19 EU Safety Data Sheet <input type="checkbox"/> 20 Material Data Sheet/IMDS <input type="checkbox"/> 21 Transportation Equipment / Packaging <input type="checkbox"/> 22 Certificates <input type="checkbox"/> 23 Process Approval <input type="checkbox"/> 24 Other	Page: _____ of _____  <div style="border: 1px solid blue; padding: 2px; display: inline-block;">           please cross appropriate box(es)         </div>
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<b>Supplier/Production Location:</b> <a href="#">your Company Name / your Production Location</a>		<b>Customer:</b> Index:	
Code Number/DUNS-Code: <a href="#">Supplier No. according to PO (see 1.) / your nummercial</a>		Code Number: _____	
<a href="#">code for the identification of the company (if existing)</a>			
Report No. <a href="#">your Report No.</a>	Index: _____	Report No. _____	Index: _____
Designation: <a href="#">Item Designation (see 5.)</a>	starting with 1; every following sampling of the	Designation: _____	_____
Part Number: <a href="#">Your Part No.</a>		Part Number: _____	_____
Drawing Number: <a href="#">1000.....drw.000.01 (see 2.)</a>		Drawing Number: _____	_____
Status / Date: <a href="#">Date of Release (see 3.)</a>		Status / Date: _____	_____

<b>Confirmation of Supplier:</b> Remarks: <a href="#">for your explanatory notes (if needed)</a>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Customer Decision</b></td> </tr> <tr> <td><b>Approved</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>Conditional approval, Re-Sampling required</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>Refused, New Sampling required</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Remarks:</td> </tr> <tr> <td colspan="2" style="height: 200px;"> <div style="border: 1px solid blue; padding: 10px; text-align: center; margin: 50px auto; width: 80%;">           to be filled out by BLANCO Professional         </div> </td> </tr> </table>	<b>Customer Decision</b>		<b>Approved</b>	<input type="checkbox"/>	<b>Conditional approval, Re-Sampling required</b>	<input type="checkbox"/>	<b>Refused, New Sampling required</b>	<input type="checkbox"/>	Remarks:		<div style="border: 1px solid blue; padding: 10px; text-align: center; margin: 50px auto; width: 80%;">           to be filled out by BLANCO Professional         </div>	
<b>Customer Decision</b>													
<b>Approved</b>	<input type="checkbox"/>												
<b>Conditional approval, Re-Sampling required</b>	<input type="checkbox"/>												
<b>Refused, New Sampling required</b>	<input type="checkbox"/>												
Remarks:													
<div style="border: 1px solid blue; padding: 10px; text-align: center; margin: 50px auto; width: 80%;">           to be filled out by BLANCO Professional         </div>													

Name: <a href="#">contact person in your company</a> Department: <a href="#">quality assurance / quality management</a> Phone: _____ Fax: _____ E-mail: _____  Date: _____ Signature: _____	<div style="border: 1px solid blue; padding: 2px; display: inline-block; margin-bottom: 10px;">         according to the cover sheet       </div> Name: _____ Department: _____ Phone: _____ Fax: _____ E-mail: _____  Date: _____ Signature: _____
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### Initial sample order

#### Erstmusterbestellung

BLANCO Professional GmbH + Co KG - Postfach 1310 - 75033 Oberderdingen

supplier address

#### Delivery address:

BLANCO Professional GmbH + Co KG  
Werk 3 - Wareneingang Nr. 12  
Langwiesenstraße  
D-75038 OBERDERDINGEN

In the event of a query, invoice and confirmation of order please quote:

**PO number :** 4300003334/19  
**Lead Buyer:** Industrial

**Buyer responsible:**  
**Tanja Lippert**  
**Telephone:** 07045 44-81171  
**FAX ext:** 07045/4481131  
**Email:** tanja.lippert@blanco.de

**Date:** 13.02.2015

Supplier No.: 1.

Supplier Fax No.:

Our customer no.

**Delivery date** 11.03.2015

The order is placed subject to our general procurement terms, last updated November 2014, BLANCO Professional-Group, of which can be accessed at [www.blanco-professional.com](http://www.blanco-professional.com). Other terms will not be part of the agreement even if we do not expressly reject them. If we accept the delivery / service without express objection, this on no account infers that we have accepted your terms of delivery.

Delivery terms: DDP DELIVERED DUTY PAID Oberderdingen

Payment terms: within 30 days Due net

Currency EUR

We expect your confirmation of order within the next 5 days for the following items:

Item	material	delivery date	quantity unit	price/unit	value
00001	00144703	11.03.2015	1.00 Each		
	Ablaufstutzen, nach Zeichnung 144 703 FZ-4				

#### Total net value excl. VAT EUR:

\*\*\*\*\*

Please note:

Following documents are required for the handling of the initial sample:

- A filled out and signed initial sample test report according to VDA at:  
<http://www.blanco-professional.com/de/service/unternehmen/verantwortung/lieferanten.cfm>
- Current valid drawing from BLANCO Professional, if available incl. measurement identification number

- 2 -

BLANCO Professional GmbH + Co KG, Flehinger Str. 59, 75038 Oberderdingen (Germany), Tel. 07045 44-81900, Fax 07045 44-81990, [www.blanco-professional.com](http://www.blanco-professional.com), USt-IdNr.: DE255114478,  
ILN: 40 48866 00000 6, Kommanditgesellschaft Sitz Oberderdingen, HRA 701071 AG Mannheim, persönlich haftende Gesellschafterin: BLANCO Professional Verwaltungs-GmbH, Sitz Oberderdingen, HRB 240643 AG Mannheim, Management Board: Stefen Walter (CTO)  
Chairman of the Advisory Board: Frank Straub

Sparkasse Pforzheim Calw  
Baden-Württ. Bank AG Stuttgart  
Deutsche Bank AG

(BLZ 666 500 85) Kto. 765 8290  
(BLZ 600 501 01) Kto. 498 0638  
(BLZ 660 700 04) Kto. 0933655 00

S.W.I.F.T. PZHS DE 66  
S.W.I.F.T. SOLADEST  
BIC DEUTDESM660

IBAN Code DE14 6665 0085 0007 6582 90  
IBAN Code DE42 6005 0101 0004 9806 38  
IBAN Code DE47 6607 0004 0093 3655 00

# Initial sample order

Page  
2

**BLANCO**  
PROFESSIONAL

In the event of a query, invoice and confirmation of order please quote:

**PO number : 4300003334/19**

BLANCO Professional GmbH + Co KG - Postfach 1310 - 75033 Oberderdingen

## Erstmusterbestellung

- Inspection certificate 3.1 or similar, depending on the material
- IMDS-Data by use in automotive sector
- Checked and labeled initial sample

If the documents are incomplete or missing, the sampling will be rejected unprocessed!

\*\*\*\*\*

### RoHS - Declaration of Conformity

Electrical and electronic equipment in all equipment categories as well as all construction parts required for the above mentioned equipment must conform with the restrictions of hazardous substances directive laid down by the EU directive 2002/95/EG (RoHS) and all amending laws, regulations, decisions and provisions required to enforce the EU directive.

BLANCO, as manufacturer of the above mentioned electrical equipment cannot exclude that products delivered by you (components, construction parts, materials) will not be installed/assembled in this equipment and request herewith in compliance with the EU-directive 2002/95/EG (RoHS) a written declaration of conformity.

With the legally binding written declaration as a BLANCO supplier you herewith declare that all products delivered to BLANCO (components, construction parts, materials) meet all the requirements of the EU directive 2002/95/EG (RoHS) including all amending directives (Status: date of current version).

\*\*\*\*\*

### Electronic invoice processing (PDF)

With immediate effect BLANCO Professional GmbH + Co KG has the possibility to handle electronic Invoice processing. In case you would like to make demands on this possibility, please send your properly issued invoices in future exclusively to:

**invoice\_0002\_incoming@blanco.de**

Properly issued invoices will be only regarded as delivered if they are received on mentioned mailadress. Invoices sent via email must not be sent via post.

Incoming invoices can also be sent only via post as before.

\*\*\*\*\*

### Digital submission of order confirmation(pdf)

BLANCO Professional GmbH + Co KG has created a collective account for the processing of order confirmations.

**As of now please submit all order confirmations per email.**

The order confirmations must be submitted according to business units and sent to the following e-mail

- 3 -

BLANCO Professional GmbH + Co KG, Flehinger Str. 59, 75038 Oberderdingen (Germany), Tel. 07045 44-81900, Fax 07045 44-81990, www.blanco-professional.com, USt-IdNr.: DE255114478, ILN: 40 48866 00000 6, Kommanditgesellschaft Sitz Oberderdingen, HRA 701071 AG Mannheim, persönlich haftende Gesellschafterin: BLANCO Professional Verwaltungs-GmbH, Sitz Oberderdingen, HRB 240643 AG Mannheim, Management Board: Stefan Walter (CTO) Chairman of the Advisory Board: Frank Straub

Sparkasse Pforzheim Calw  
Baden-Württ. Bank AG Stuttgart  
Deutsche Bank AG

(BLZ 666 500 85) Kto. 765 8290  
(BLZ 600 501 01) Kto. 498 0638  
(BLZ 660 700 04) Kto. 0933655 00

S.W.I.F.T. PZHS DE 66  
S.W.I.F.T. SOLADEST  
BIC DEUTDE33660

IBAN Code DE14 6665 0085 0007 6582 90  
IBAN Code DE42 6005 0101 0004 9806 38  
IBAN Code DE47 6607 0004 0093 3655 00

# Initial sample order

Page  
3

**BLANCO**  
PROFESSIONAL

In the event of a query, invoice and confirmation of order please quote:

**PO number : 4300003334/19**

BLANCO Professional GmbH + Co KG - Postfach 1310 - 75033 Oberderdingen

## Erstmusterbestellung

addresses.

The classification of the order confirmation results from the last digit following the slash (e.g. 4501234567/4)

Digits 3,4,7,25,26,31: orderconfirmation\_CA\_incoming@blanco.de

Digits 8,23: orderconfirmation\_MC\_incoming@blanco.de

Digits 13,19: orderconfirmation\_IC\_incoming@blanco.de

Digits 32: einkauf@blanco.de

\*\*\*\*\*

Yours sincerely

BLANCO Professional GmbH + Co KG

p.p.

p.p.

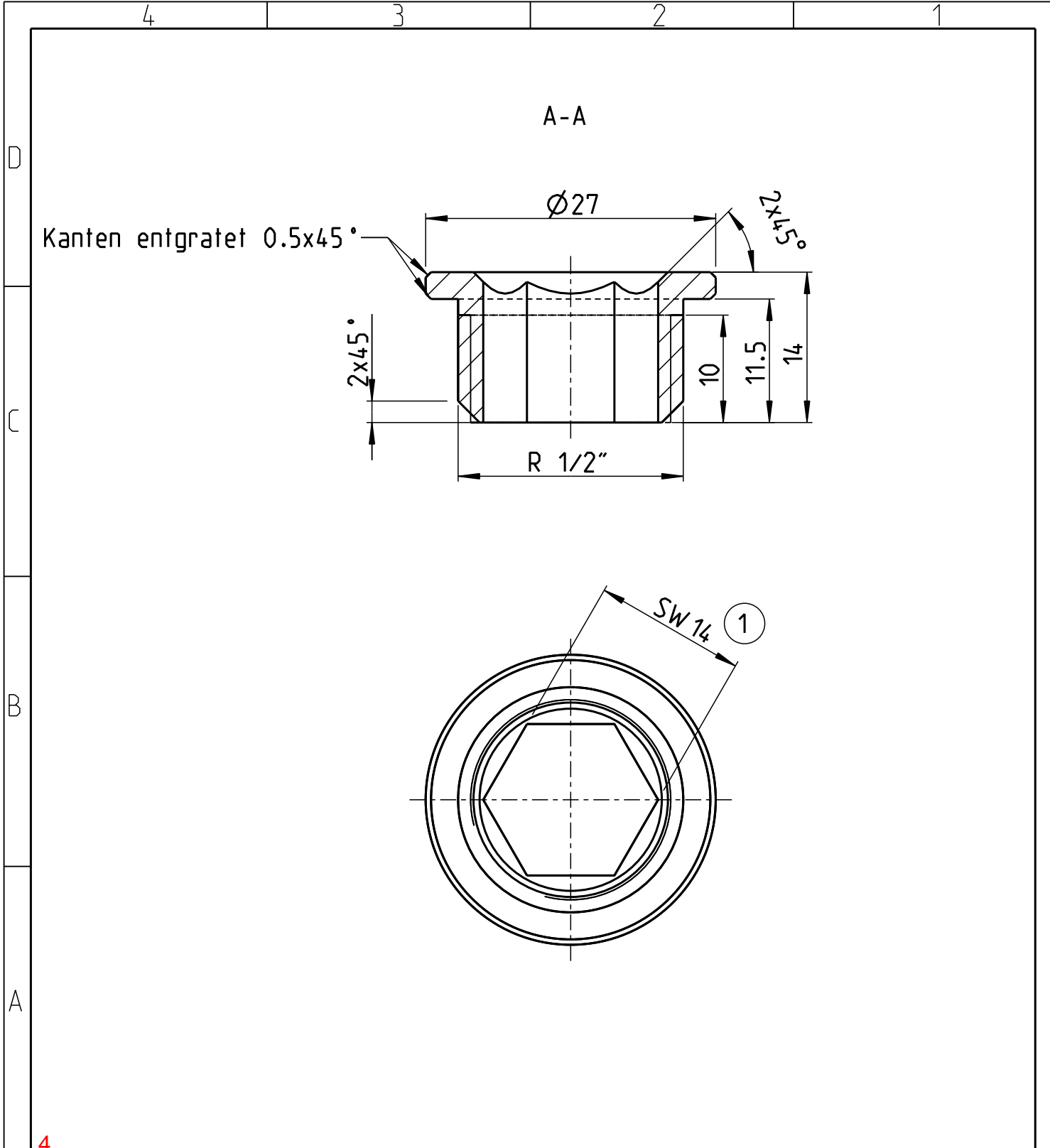
BLANCO Professional GmbH + Co KG, Flehinger Str. 59, 75038 Oberderdingen (Germany), Tel. 07045 44-81900, Fax 07045 44-81990, www.blanco-professional.com, USt-IdNr.: DE255114478, ILN: 40 48866 00000 6, Kommanditgesellschaft Sitz Oberderdingen, HRA 701071 AG Mannheim, persönlich haftende Gesellschafterin: BLANCO Professional Verwaltungs-GmbH, Sitz Oberderdingen, HRB 240643 AG Mannheim, Management Board: Stefan Walter (CTO) Chairman of the Advisory Board: Frank Straub

Sparkasse Pforzheim Calw  
Baden-Württ. Bank AG Stuttgart  
Deutsche Bank AG

(BLZ 666 500 85) Kto. 765 8290  
(BLZ 600 501 01) Kto. 498 0638  
(BLZ 660 700 04) Kto. 0933655 00

S.W.I.F.T. PZHS DE 66  
S.W.I.F.T. SOLADEST  
BIC DEUTDESM660

IBAN Code DE14 6665 0085 0007 6582 90  
IBAN Code DE42 6005 0101 0004 9806 38  
IBAN Code DE47 6607 0004 0093 3655 00



4.

4	xx	xx		xx	xx	
3	xx	xx		xx	xx	
2	xx	xx		xx	xx	
1	322.147.06	SW 14 12-kant geändert in 6-kant.		25.10.06	Babic	
Vers.	Aend. Nr.	Änderungslexi			Tag	
Diese Zeichnung darf ohne unsere Einwilligung weder vervielfältigt, noch dritten Personen vorgelegt oder ausgehandelt werden. Zuwiderhandlungen können nach §18 d. Ges. über unl. Wettb. strafrechtliche Verfolgung nach sich ziehen.		Datum	Name	Werkstoff		
		Erst	08.09.2006	BABICD	Messing	
		Prüf	25.10.2006	BABICD	Oberfläche	
		Freig	27.10.2006	3. EYHERSMÜLLER	vernickelt	
		Ersetzt durch				
Maße ohne Toleranz-Angabe nach ISO 2768-1 mittel Form-Lagetol. nach ISO 2768-2		Revision	Status	FR	M: 1:1	
		Revision	Status	FR	M: 1:1	
Maße ohne Toleranz-Angabe nach ISO 2768-1 mittel Form-Lagetol. nach ISO 2768-2		Projekt: 000 / Xxxxxx / XXXXXXXXXXXXXXXXXXXXXXX			UA	Format
		Projekt: 000 / Xxxxxx / XXXXXXXXXXXXXXXXXXXXXXX			FZ	A4
Maße ohne Toleranz-Angabe nach ISO 2768-1 mittel Form-Lagetol. nach ISO 2768-2		5. STUTZEN, AUSLAUF-			Blatt	1
		5. STUTZEN, AUSLAUF-			von	1
Maße ohne Toleranz-Angabe nach ISO 2768-1 mittel Form-Lagetol. nach ISO 2768-2		BEMERKUNG:			2. 1000124202.DRW .000.01	
		BEMERKUNG:			2. 1000124202.DRW .000.01	
Maße ohne Toleranz-Angabe nach ISO 2768-1 mittel Form-Lagetol. nach ISO 2768-2		BEMERKUNG:			Zeichnungsnummer	
		BEMERKUNG:			00144703	