

Instruction: Please fill in sections 1, 2 and 3 (*=compulsory information), add date and sign the form.
Further information: Prysmian Group Finland Oy, tel. 010 5661 Versowood Oy, tel. 044 416 2542

1. Sender*		2. Company receiving the compensation (*if not the Sender)	
Company name*		Company name*	
Street address*		Street address*	
ZIP code*		ZIP code*	
City*		City*	
Contact person*		Contact person*	
Phone number*		Phone number*	
Reference		IBAN (bank)*	
		SWIFT/BIC*	
		VAT number*	

Credit price list valid as of November 1, 2021		Customer fills in	Terminal fills in	Prysmian Group fills in		
3. Returned K drums	Compensa- -tion €/pc	Number / pieces*	Number / pieces*	Number / pieces*	No compens.*	Reason for rejection
K6 DRUM	34					
K7 DRUM	41					
K8 DRUM	48					
K9 DRUM	56					
K10 DRUM	77					
K11 DRUM	127					
K12 DRUM	158					
K14 DRUM	180					
K16 DRUM	265					
K18 DRUM	340					
K20 DRUM	505					
K22 DRUM	543					
K24 DRUM	585					
K26 DRUM	1170					
K28 DRUM	1542					
K30 DRUM	2021					
3. Returned Prysmian drums	Compensa- -tion €/pc	Number / pieces*	Number / pieces*	Number / pieces*	No comp ens.*	Reason for rejection
9FV DRUM	70					
11GV	111					
13G DRUM	208					
13HT8 DRUM	863					
15G DRUM	235					
20HT7 DRUM	1390					

Additional information: _____

Customer's signature: _____ **Date:** ____ / ____ 202__

TERMINAL FILLS IN: No. of waybill: _____ Date: ____ / ____ 202__
Terminal identifying mark: _____

PRYSMIAN FILLS IN:
Recipient's signature: _____ SAP no.: _____
and name in capital letters: