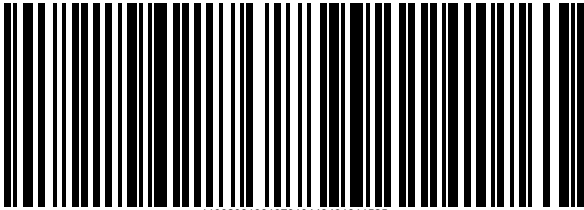


		INT/ROAD	2	
Con No. 208100107		Service Economy Express (ND)		
Piece 1 of 1	Weight 1.80kg	Options (EDO) EDO		
Customer Reference BIOVIAMED23092022		Origin BA4 Pickup Date 13 Oct 2022		
S/R Account No 000113678				
Sender Viamed Limited 15 Station Road cross hills bd207dt GB		Routing KG4		
Receiver Clio Kouroumalou +302105050054		MV9		
Bio- Provider 36 Katechaki Ave N.Psychiko Athens 115 25 GR		MI6		
Postcode / Cluster Code	41	Dest Depot ATH 24		
Delivery instructions:				



1100208100107010448431011525

Consignment Note

1. From (Collection Address)

Sender's Account No: 000113678
Name: Viamed Limited
Address: 15 Station Road
City: cross hills
Province:
Postal/Zip Code: bd207dt
Location: UNITED KINGDOM

Contact Name: Catherine Green
Tel No: 01535634542

2. To (Receiver Address)

Receiver's Account No: 000111539
Name: Bio- Provider
Address: 36 Katechaki Ave
N.Psychiko
City: Athens
Province:
Postal/Zip Code: 115 25
Location: GREECE

Contact Name: Clio Kouroumalou
Tel No: +302105050054

3. Goods

General Description:
Oxygen Monitor
HS Tariff Code:
Total Packages: Total Weight: Total Volume:
1 1.800 kg 0.013 m3

4. Services

Service: (48N) Economy Express
Options: (EDO) EDO

Payment Terms: Receiver Pays

NON DANGEROUS GOODS

Sender's Signature: _____

Date: ____/____/____

TNT'S LIABILITY FOR LOSS, DAMAGE AND DELAY IS LIMITED BY THE CMR CONVENTION OR THE WARSAW CONVENTION WHICHEVER IS APPLICABLE. THE SENDER AGREES THAT THE GENERAL CONDITIONS, WHICH CAN BE VIEWED AT [HTTPS://WWW.TNT.COM/TERMS](https://www.tnt.com/terms), ARE ACCEPTABLE AND GOVERN THIS CONTRACT. IF NO SERVICES OR BILLING OPTIONS ARE SELECTED THE FASTEST AVAILABLE SERVICE WILL BE CHARGED TO THE SENDER.



* 2 0 8 1 0 0 1 0 7 *

Please quote this number if you have an enquiry.

A. Delivery Address

Name: Bio- Provider
Address: 36 Katechaki Ave
N.Psychiko
City: Athens
Province:
Postal/Zip Code: 115 25
Location: GREECE

Contact Name: Clio Kouroumalou
Tel No: +302105050054

B. Dutiable Shipment Details

Receivers VAT/TVA/BTW/MWST No.: EL099007886

Invoice Value of Dutiables: 897 USD

C. Special Delivery Instructions

D. Customer Reference

BIOVIAMED23092022

E. Invoice Receiver (Receiver's Account Number)

000111539

Received by TNT (Name): _____

Date: ____/____/____ Time: ____:____

Customs Copy

Please keep for reference

Consignment Note

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Sender's Account No: 000113678
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City: cross hills
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Total Packages: Total Weight: Total Volume:
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Payment Terms: Receiver Pays

NON DANGEROUS GOODS

Sender's Signature: _____

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D. Customer Reference

BIOVIAMED23092022

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000111539

Received by TNT (Name): _____

Date: ____/____/____ Time: ____:____

Receiver Copy

Please keep for reference

Invoice Address
NHS Scotland
Accounts Payable Department
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
Tel: +44 (0) 1535 634542
Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
Eori No: GB287389593000



Contact Name Raymond Dorans
Contact Tel 01312423172
Account 00001601
Customer Reference SMP12128828
Date 10 Oct 2022
Tracking Number 1Z9W96386876683427

Invoice RVM139639-1

Delivery Address
New Royal Infirmary of Edinburgh
R.Dorans, Med. Physics, c/o Central
Receipt Point, IDA S4DM CC S49007
Little France Crescent
Edinburgh
EH16 4SA

CPT Carriage Paid To New RI Of Edinburgh, UK * Incoterms® 2020

Delivery Reference DVM139639-1 Contact janine.gill@viamed.co.uk

Item Reference	Description	Quantity	£ Unit	£ Unit Vat	£ Total
0110017 Tariff 9019209000 CoO United States	Teledyne Sensor R-17MED S/N:774021-774023	3	38.00	7.60	136.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876683427		0.00	0.00	0.00

Total Net: £ 114.00
Total Vat: £ 22.80
Total: £ 136.80

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBB22
Terms & conditions <https://www.viamed.co.uk/terms>

Terms: Net 30 days from date of invoice.
Full invoice amount to be credited to our account net of all bank charges.
Claims: Please claim non delivery within 7 days of invoice.
Shortages or damage within 3 days of receipt.
Claims after these times cannot be entertained.
Title to goods does not pass until payment in full has been received.

Invoice Address
NHS Scotland
Accounts Payable Department
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
Tel: +44 (0) 1535 634542
Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
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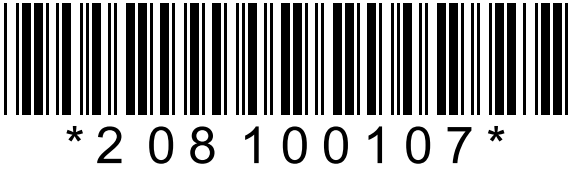
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DETAILED MANIFEST

RECEIVER PAYS

Pickup id: Web Channel
Printed on: 13 Oct 2022
Shipment Date: 13 Oct 2022



Service Options G (48N) Economy Express (EDO) EDO

NON DANGEROUS GOODS

Special Instructions

Shipment reference
BIOVIAMED23092022

Sender Account: 000113678

Viamed Limited
15 Station Road
cross hills
bd207dt
UNITED KINGDOM

Contact: Catherine Green
Tel: 01535634542

Receiver Account: 000111539

Bio- Provider
36 Katechaki Ave
N.Psychiko
Athens
115 25
GREECE

Contact: Clio Kouroumalou
Tel: +302105050054
VAT Nr.: EL099007886

Collection Name Viamed Limited
Collection Address 15 Station Road
cross hills, bd207dt, UNITED KINGDOM

Delivery Name Bio- Provider
Delivery Address 36 Katechaki Ave, N.Psychiko
Athens, 115 25, GREECE

Goods Description Oxygen Monitor

No Pieces: 1 Weight: 1.800 kg Volume: 0.013 m3 Insurance Value: Invoice Value: 897 USD

Package Description BOX Dimensions (L x W x H)
0.32m x 0.24m x 0.16m

Sender's Signature _____ Date ____/____/____

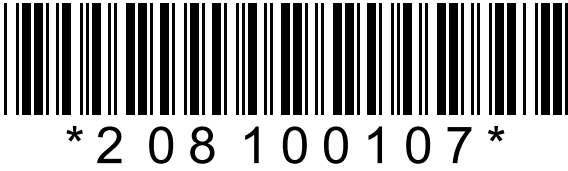
Received by TNT _____ Date ____/____/____ Time ____:____ hrs

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