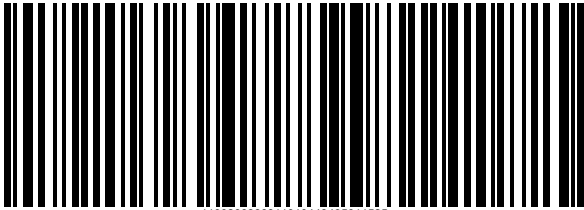


		INT/ROAD		2	
Con No. 266866811			Service Economy Express (ND)		
Piece 1 of 1		Weight 0.70kg		Options (EDO) EDO	
Customer Reference BIOVIAMED5122022			Origin BA4 Pickup Date 07 Dec 2022		
S/R Account No 000113678					
Sender Viamed Limited 15 Station Road cross hills bd207dt GB			Routing KG4 MV9 MI6		
Receiver Efi Loukaki +302105050054					
Bio- Provider 36 Katechaki Ave N.Psychiko Athens 115 25 GR			Sort		
Postcode / Cluster Code		41		Dest Depot ATH 16	
Delivery instructions:					



1100266866811010448435011525

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: Efi Loukaki
Tel No: +302105050054

3. Goods

General Description:
Oxygen Sensors
HS Tariff Code:
Total Packages: Total Weight: Total Volume:
1 0.700 kg 0.010 m3

4. Services

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

Payment Terms: Receiver Pays

NON DANGEROUS GOODS

Sender's Signature: _____

Date: ____/____/____

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* 2 6 6 8 6 6 8 1 1 *

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: Efi Loukaki
Tel No: +302105050054

B. Dutiable Shipment Details

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

Invoice Value of Dutiables: 690 USD

C. Special Delivery Instructions

D. Customer Reference

BIOVIAMED5122022

E. Invoice Receiver (Receiver's Account Number)

000111539

Received by TNT (Name): _____

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

Customs Copy

Please keep for reference

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

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Total Packages: Total Weight: Total Volume:
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4. Services

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Options: (EDO) EDO

Payment Terms: Receiver Pays

NON DANGEROUS GOODS

Sender's Signature: _____

Date: ____/____/____

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Postal/Zip Code: 115 25
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Receivers VAT/TVA/BTW/MWST No.: EL099007886

C. Special Delivery Instructions

D. Customer Reference

BIOVIAMED5122022

E. Invoice Receiver (Receiver's Account Number)

000111539

Received by TNT (Name): _____

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

Receiver Copy

Please keep for reference

Invoice Address
Bio-Provider
36 Katechaki Ave
N. Psychiko
Athens
11525
Greece

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 Efi Loukaki
Contact Tel 00302105050054
Account 00007148
Customer Reference BIOVIAMED05122022
Date 07 Dec 2022
Vat Number EL099007886

Delivery Address
Bio-Provider
36 Katechaki Ave
N. Psychiko
Athens
11525
Greece

Invoice RVM140674-1

EXW Ex Works Viamed, UK * Incoterms® 2020

Delivery Reference DVM140674-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	\$ Unit	\$ Unit Vat	\$ Total
0110429 Tariff 9019209000 CoO United States	Maxtec Oxygen Sensor MAX-250E S/N:HE23199069-HE23199071,HE23199073-HE23199077 HE98699105-HE98699106	10	69.00	0.00	690.00
Bank Charges	Bank Charges		45.00	0.00	45.00
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to: TNT account 000111539		0.00	0.00	0.00

Total Net: \$ 735.00
Total Vat: \$ 0.00
Total: \$ 735.00

Banking details
Bank Barclays Bank
Sort Code 20-78-42
Account Number 89771244
IBAN GB82BUKB20784289771244
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 14 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
Bio-Provider
36 Katechaki Ave
N. Psychiko
Athens
11525
Greece

Delivery Address
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36 Katechaki Ave
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Eori No: GB287389593000



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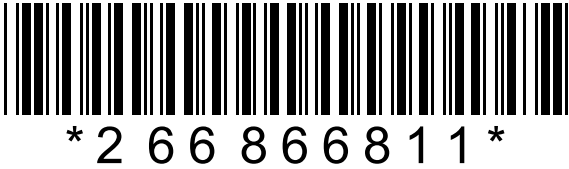
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DETAILED MANIFEST

RECEIVER PAYS

Pickup id: Web Channel
Printed on: 07 Dec 2022
Shipment Date: 07 Dec 2022



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

NON DANGEROUS GOODS

Special Instructions

Shipment reference
BIOVIAMED5122022

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: Efi Loukaki
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 Sensors

No Pieces: 1 Weight: 0.700 kg Volume: 0.010 m3 Insurance Value: Invoice Value: 690 USD

Package Description BOX Dimensions (L x W x H)
0.32m x 0.24m x 0.12m

Sender's Signature _____ Date ____/____/____

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

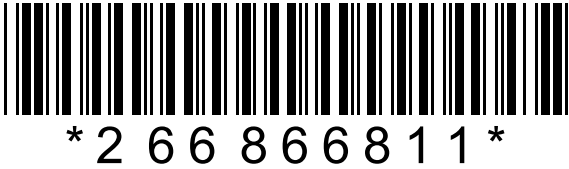
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bd207dt
UNITED KINGDOM

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115 25
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