



	Consig	nment Note	
1. From (Collection	Address)		
Name: Address: City: Province: Postal/Zip Code: Location: Contact Name: Tel No: 2. To (Receiver Add	Viamed Ltd 15 Station Road Keighley  BD20 7DT UNITED KINGDOM RYAN SWAINE +44(0)1535634542	* 2 4 3 2 6 8 9 5 1 * Please quote this number if you have an enquiry.  A. Delivery Address	
Receiver's Account N Name: Address: City: Province: Postal/Zip Code: Location: Contact Name: Tel No: 3. Goods	No: 000111539 BIOPROMITHEYTIKH EPE 36, KATEHAKI STR. Athens  11525 GREECE GEORGE PASTELLAS +306976611287	Name: BIOPROMITHEYTIKH EPE Address: 36, KATEHAKI STR. City: Athens Province: Postal/Zip Code: 11525 Location: GREECE  Contact Name: GEORGE PASTELLAS Tel No: +306976611287	
General Description: MEDICAL DEVICES HS Tariff Code: Total Packages: 1 4. Services Service: (48N) Econo Options: Payment Terms: Rec	Total Weight: Total Volume: 2.200 kg 0.033 m3  omy Express eeiver Pays	B. Dutiable Shipment Details  Receivers VAT/TVA/BTW/MWST No.: 099007886  Invoice Value of Dutiables: 1828 EUR  C. Special Delivery Instructions  D. Customer Reference  E. Invoice Receiver (Receiver's Account Number)  000111539	
Date://		Received by TNT (Name):	

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, ARE ACCEPTABLE AND GOVERN THIS CONTRACT. IF NO SERVICES OR BILLING OPTIONS ARE SELECTED THE FASTEST AVAILABLE SERVICE WILL BE CHARGED TO THE SENDER.

# **Customs Copy**

Please keep for reference

Consignment Note						
1. From (Collection Address)						
Name: Address: City: Province: Postal/Zip Code: Location:	Viamed Ltd 15 Station Road Keighley  BD20 7DT UNITED KINGDOM					
Contact Name: Tel No: 2. To (Receiver Add	RYAN SWAINE +44(0)1535634542			43268951* ote this number if you have an enquiry.		
		<u> </u>	A. Delivery Address	s		
Receiver's Account Name: Address: City: Province: Postal/Zip Code:	BIOPROMITHEYTI 36, KATEHAKI STF Athens 11525		Name: Address: City: Province: Postal/Zip Code:	BIOPROMITHEYTIKH EPE 36, KATEHAKI STR. Athens 11525		
Location:  Contact Name: Tel No: 3. Goods	GREECE GEORGE PASTELI +306976611287	_AS	Location: Contact Name: Tel No:	GREECE GEORGE PASTELLAS +306976611287		
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4. Services			D. Customer Refere	ence		
Service: (48N) Economy Express Options:			E. Invoice Receiver	(Receiver's Account Number)		
Payment Terms: Receiver Pays			000111539			
NON DANGEROUS	GOODS					
Sender's Signature	:		Received by TNT (N	Name):		
Date:/			Date://	Time::		
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# **DETAILED MANIFEST**

### **RECEIVER PAYS**

Service

Pickup id: Web Channel

Contact: RYAN SWAINE Tel: +44(0)1535634542

**Booking created on:** 18 Sep 2023 GMT **Shipment Date:** 18 Sep 2023 (local time)



Options	NON DANGEROUS GOODS		
Special Instructions	Shipment reference		
Sender	Receiver Account: 000111539		
Viamed Ltd 15 Station Road Keighley BD20 7DT UNITED KINGDOM	BIOPROMITHEYTIKH EPE 36, KATEHAKI STR. Athens 11525 GREECE		

Contact: GEORGE PASTELLAS

Tel: +306976611287 VAT Nr.: 099007886

Collection Name Viamed Ltd
Collection Address 15 Station Road

Keighley, BD20 7DT, UNITED KINGDOM

G (48N) Economy Express

Delivery NameBIOPROMITHEYTIKH EPEDelivery Address36, KATEHAKI STR.Athens, 11525, GREECE

Goods Description MEDICAL DEVICES

No Pieces: 1 Weight: 2.200 kg Volume: 0.033 m3 Insurance Value: Invoice Value: 1828 EUR

Package Description Dimensions (L x W x H) BOX 0.36m x  $0.36m \times 0.25m$ 

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