

Consignment Note

1. From (Collection Address)

Sender's Account No: 0660002108
Name: Queens Medical Centre (MPCE)
Address: M E S U Dept-Care Of Revenue S
University Hospital NHS Trust
Derby Road
City: Nottingham
Province:
Postal/Zip Code: NG7 2UH
Location: UNITED KINGDOM
Contact Name: Angela Burton
Tel No: 0115924992464287

2. To (Receiver Address)

Name: VIAMED LTD
Address: 15 STATION ROAD
CROSS HILLS
City: KEIGHLEY
Province:
Postal/Zip Code: BD207DT
Location: UNITED KINGDOM
Contact Name: Customer Services
Tel No: 00000

3. Additional Information

General Description:
Medical Equipment
HS Tariff Code:

4. Services

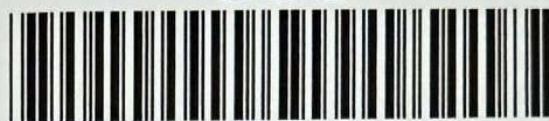
Service: (1) Express
Options:
Payment Terms: Sender Pays

NON DANGEROUS GOODS

Sender's Signature: _____

Date: ____/____/____

THE SENDER AGREES THAT THE CONDITIONS OF CARRIAGE, WHICH CAN BE VIEWED AT
WWW.TNT.COM/EXPRESS/EN_GB/SITE/TERMS-CONDITIONS.HTML, DO APPLY, ARE ACCEPTABLE AND GOVERN THIS CONTRACT.
TNT'S LIABILITY FOR LOSS, DAMAGE AND DELAY IS LIMITED AND IN SOME CIRCUMSTANCES EXCLUDED. LIABILITY FOR LOSS AND
DAMAGE SHALL NOT EXCEED £15 PER KILO LIMITED TO A MAXIMUM OF £15,000 PER SHIPMENT. EUROPEAN ROAD SERVICE
CARRIAGE OF GOODS IS GOVERNED BY THE CONVENTION ON THE CONTRACT FOR THE INTERNATIONAL CARRIAGE OF GOODS BY
ROAD 1956 (CMR), UNDER WHICH TNT'S LIABILITY FOR LOSS OR DAMAGE TO YOUR GOODS IS LIMITED TO 8.33 SDRS PER KILO.



* 2 5 9 5 0 8 6 4 6 *

Please quote this number if you have an enquiry.

A. Delivery Address

Name: VIAMED LTD
Address: 15 STATION ROAD
CROSS HILLS
City: KEIGHLEY
Province:
Postal/Zip Code: BD207DT
Location: UNITED KINGDOM
Contact Name: Customer Services
Tel No: 00000

B. Goods

1x BOX 1.000 kg 25 cm(l) x 23 cm(w) x 23 cm(h)

Total Packages:	Total Weight:	Total Volume:
1	1.000 kg	0.014 m3

C. Special Delivery Instructions

D. Customer Reference

PB/1344859

Scanning not required, data already transmitted to ODE.

Received by TNT (Name): _____

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

Pricing Copy

Please keep for reference