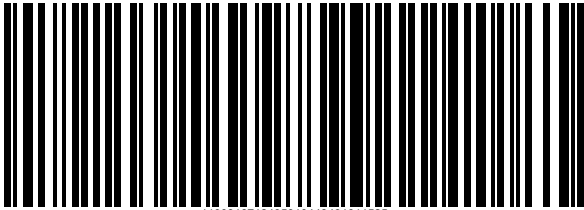


		INT/ROAD		2	
Con No. 316712435			Service Economy Express (ND)		
Piece 1 of 1		Weight 1.00kg		Options (EDO) EDO	
Customer Reference BIOVIAMED 14 10 2025			Origin BA4 Pickup Date 17 Dec 2025		
S/R Account No 000113678					
Sender Viamed Limited 15 Station Road cross hills bd207dt GB			Routing KG4 IMR		
Receiver Anna Marouli 00302106710863 Bio- Provider 36 Katechaki Ave N.Psychiko Athens 115 25 GR			Sort		
Postcode / Cluster Code		41		Dest Depot ATH 29	
Delivery instructions:					



1100316712435010448431011525

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: Anna Marouli
Tel No: 00302106710863

3. Goods

General Description:

Medical Products

HS Tariff Code:

Total Packages:	Total Weight:	Total Volume:
1	1.000 kg	0.013 m3

4. Services

Service: (48N) Economy Express

Options: (EDO) EDO

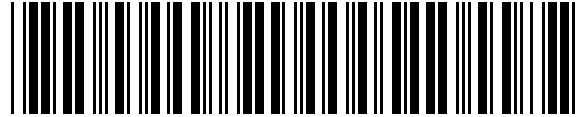
Payment Terms: Receiver Pays

NON DANGEROUS GOODS

Sender's Signature: _____

Date: ____/____/____

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* 3 1 6 7 1 2 4 3 5 *

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: Anna Marouli
Tel No: 00302106710863

B. Dutiable Shipment Details

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

Invoice Value of Dutiables: 1073 USD

C. Special Delivery Instructions

D. Customer Reference

BIOVIAMED 14 10 2025

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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Contact Name: Anna Marouli
Tel No: 00302106710863

3. Goods

General Description:
Medical Products
HS Tariff Code:
Total Packages: Total Weight: Total Volume:
1 1.000 kg 0.013 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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Please quote this number if you have an enquiry.

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Postal/Zip Code: 115 25
Location: GREECE

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Tel No: 00302106710863

B. Dutiable Shipment Details

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

C. Special Delivery Instructions

D. Customer Reference

BIOVIAMED 14 10 2025

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

Delivery 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 Anna Marouli
Contact Tel 00302106710863
Account 00007148
Customer Reference BIO_VIAMED_14_10_2025
Date 17 Dec 2025
Vat Number EL099007886
Priced In US Dollars

Invoice RVM160303-1

EXW Ex Works Viamed, UK * Incoterms(r) 2020

Delivery Reference DVM160303-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0111250 Tariff 90181990-00 CoO United States	Maxtec Handi+ Oxygen Analyser, with integrated oxygen sensor R218P12	1	170.00	0.00	170.00
	S/N:LC90899066				
Bank Charges	Bank Charges		45.00	0.00	45.00
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to: TNT Account: 000111539 Shipped with RVM159557-2		0.00	0.00	0.00
				Total Net:	215.00
				Total Vat:	0.00
				Total:	215.00

Banking details
Bank Barclays Bank
Sort Code 20-78-42
Account Number 89771244
IBAN GB82BUKB20784289771244
BIC BUKGBG22
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
N. Psychiko
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Contact Tel 00302106710863
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Contact Tel 00302106710863
Account 00007148
Customer Reference BIOVIAMED_14_10_2025
Date 17 Dec 2025
Vat Number EL099007886
Priced In US Dollars

Invoice RVM159557-2

EXW Ex Works Viamed, UK * Incoterms(r) 2020

Delivery Reference DVM159557-2 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110453 Tariff 9019209000 CoO United States	Maxtec Oxygen sensor MAX-250MS S/N:LJ02899001-LJ02899008,LJ02899010 LJ41599001	10	90.30	0.00	903.00
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to: TNT Account: 000111539 Shipped with RVM160303-1		0.00	0.00	0.00
Total Net:					903.00
Total Vat:					0.00
Total:					903.00

Banking details
Bank Barclays Bank
Sort Code 20-78-42
Account Number 89771244
IBAN GB82BUKB20784289771244
BIC BUKGBB22
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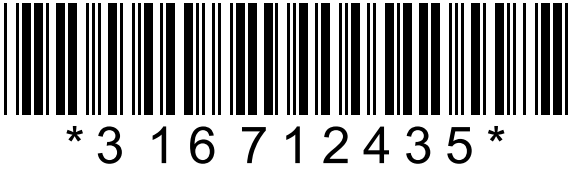
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DETAILED MANIFEST

RECEIVER PAYS

Pickup id: Web Channel
Booking created on: 17 Dec 2025 GMT
Shipment Date: 17 Dec 2025 (local time)

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



NON DANGEROUS GOODS

Special Instructions

Shipment reference
BIOVIAMED 14 10 2025

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: Anna Marouli
Tel: 00302106710863
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 Medical Products

No Pieces: 1 Weight: 1.000 kg Volume: 0.013 m3 Insurance Value: Invoice Value: 1073 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

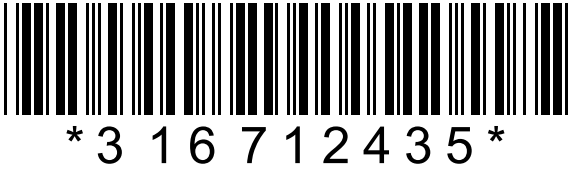
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