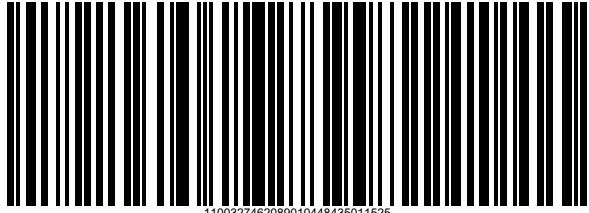




INT/ROAD

2

Con No. 327462089	Service Economy Express (ND)
Piece 1 of 1	Weight 2.00kg
Customer Reference RVM160768-1 S/R Account No 000113678	Origin BA4 Pickup Date 14 Jan 2026
Sender Viamed Limited 15 Station Road cross hills bd207dt GB	Routing KG4 IMR
Receiver George Pastellas +306976611287 Bio- Provider 36 Katechaki Ave N.Psychiko Athens 115 25 GR	Sort
Postcode / Cluster Code	41 Dest Depot ATH 23
Delivery instructions:	



1100327462089010448435011525

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: George Pastellas
Tel No: +306976611287

3. Goods

General Description: medical goods
HS Tariff Code:
Total Packages: 1 Total Weight: 2.000 kg Total Volume: 0.019 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 MONTREAL 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.



* 3 2 7 4 6 2 0 8 9 *

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: George Pastellas
Tel No: +306976611287

B. Dutiable Shipment Details

Receivers VAT/TVA/BTW/MWST No.: EL099007886
Invoice Value of Dutiables: 1619.4 USD

C. Special Delivery Instructions

D. Customer Reference

RVM160768-1

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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HS Tariff Code:
Total Packages: 1 Total Weight: 2.000 kg Total Volume: 0.019 m3

4. Services

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Options: (EDO) EDO

Payment Terms: Receiver Pays

NON DANGEROUS GOODS

Sender's Signature: _____

Date: ____ / ____ / ____

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

C. Special Delivery Instructions

D. Customer Reference

RVM160768-1

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 George Pastellas
Contact Tel 00306976611287
Account 00007148
Customer Reference BIO_VIAMED_19_12_2025
Date 14 Jan 2026
Vat Number EL099007886
Priced In US Dollars

Invoice RVM160768-1

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

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

Delivery Reference DVM160768-1 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:LK80699001-LK80699008	8	90.30	0.00	722.40
0111276 Tariff 9018199000 CoO Germany	Honeywell MySign O Oxygen Monitor Including standard accessories: 1 x 0110560 OOM111 sensor 1 x Coiled sensor cable (0.5m, extendable) 1 x 15mm O.D. sensor flow divertor. 1 x 'T' Adapter (22mm I.D. - 22mm O.D., T = 15mm I.D.). 1 x USB data cable. 1 x Li-ion battery. 1 x PC software. 1 x Instruction manual on CD.	3	299.00	0.00	897.00
Bank Charges	S/N:104271-73 Bank Charges		45.00	0.00	45.00
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to: TNT Account: 000111539 32x24x24cm 2.0kg		0.00	0.00	0.00
				Total Net:	1,664.40
				Total Vat:	0.00
				Total:	1,664.40

Banking details
Bank Barclays Bank
Sort Code 20-78-42
Account Number 89771244
IBAN GB82BUKB20784289771244
BIC BUKBGB22
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 full has been received.



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
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DETAILED MANIFEST

RECEIVER PAYS

Pickup id: Web Channel
Booking created on: 14 Jan 2026 GMT
Shipment Date: 14 Jan 2026 (local time)



* 3 2 7 4 6 2 0 8 9 *

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

NON DANGEROUS GOODS

Special Instructions

Shipment reference
RVM160768-1

Sender	Account: 000113678	Receiver	Account: 000111539
Viamed Limited 15 Station Road cross hills bd207dt UNITED KINGDOM Contact: Catherine Green Tel: 01535634542		Bio- Provider 36 Katechaki Ave N.Psychiko Athens 115 25 GREECE Contact: George Pastellas Tel: +306976611287 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 goods

No Pieces: 1 Weight: 2.000 kg Volume: 0.019 m3 Insurance Value: Invoice Value: 1619.4 USD

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

Sender's Signature _____

Date ____/____/____

Received by TNT _____

Date ____/____/____ Time ____:____ hrs

TNT'S LIABILITY FOR LOSS, DAMAGE AND DELAY IS LIMITED BY THE MONTREAL 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.

DETAILED MANIFEST

RECEIVER PAYS

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Booking created on: 14 Jan 2026 GMT
Shipment Date: 14 Jan 2026 (local time)



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