



INT/ROAD

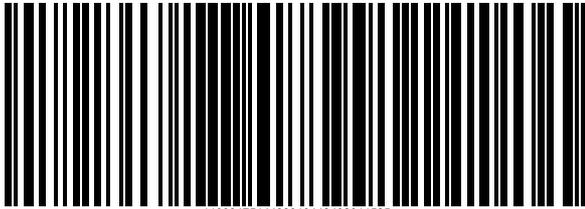
2

Con No.
347514488Piece Weight
1 of 1 2.20kgService
Economy Express (ND)
Options
(EDO) EDOCustomer Reference
RVM161815-1
S/R Account No **000113678**Origin **BA4** Pickup Date
13 Feb 2026Sender
Viamed Limited
15 Station Road
cross hills bd207dt
GBRouting **KG4
IMR**Receiver
Anna Marouli
+302106710863
Bio Provider
36 Katechaki Ave
N.Psychiko
Athens 115 25
GR

Sort

Postcode /
Cluster Code **41**Dest
Depot **ATH 24**

Delivery instructions:



1100347514468010448432011525

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: +302106710863

3. Goods

General Description:
medical goods
HS Tariff Code:
Total Packages: Total Weight: Total Volume:
1 2.200 kg 0.018 m3

4. Services

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

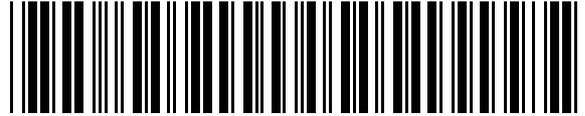
Payment Terms: Receiver Pays

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 4 7 5 1 4 4 8 8 *

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: +302106710863

B. Dutiable Shipment Details

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

Invoice Value of Dutiables: 1872 USD

C. Special Delivery Instructions

D. Customer Reference

RVM161815-1

E. Invoice Receiver (Receiver's Account Number)

000111539

Received by TNT (Name): _____

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

Customs Copy

Please keep for reference

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Options: (EDO) EDO

Payment Terms: Receiver Pays

NON DANGEROUS GOODS

Sender's Signature: _____

Date: ____/____/____

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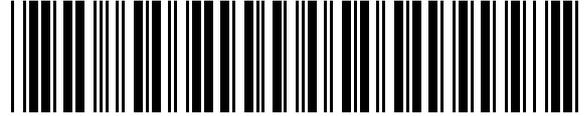
Date: ____/____/____ Time: ____:____

Receiver Copy

Please keep for reference

DETAILED MANIFEST**RECEIVER PAYS**

Pickup id: Web Channel
 Booking created on: 13 Feb 2026 GMT
 Shipment Date: 13 Feb 2026 (local time)



* 3 4 7 5 1 4 4 8 8 *

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

NON DANGEROUS GOODS

Special Instructions

Shipment reference
 RVM161815-1

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Viamed Limited
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 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: +302106710863
 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: 2.200 kg Volume: 0.018 m3 Insurance Value: Invoice Value: 1872 USD

Package Description BOX Dimensions (L x W x H)
 0.31m x 0.24m x 0.24m

Sender's Signature _____ Date ____/____/____

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

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