



INT/ROAD

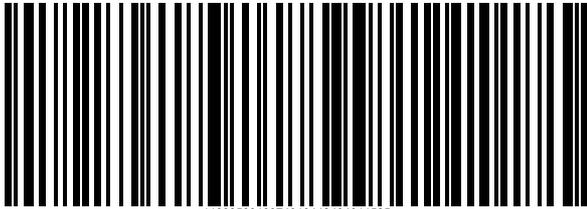
2

Con No.
353310974Piece Weight
1 of 1 1.00kgService
Economy Express (ND)
Options
(EDO) EDOCustomer Reference
RVM161795-1
S/R Account No **000113678**Origin **BA4** Pickup Date
24 Feb 2026Sender
Viamed Limited
15 Station Road
cross hills bd207dt
GBRouting **KG4**
IMRReceiver
Anna Marouli
+302106710863
Bio Provider
36 Katechaki Ave
N.Psychiko
Athens 115 25
GR

Sort

Postcode /
Cluster Code **41**Dest
Depot **ATH 5**

Delivery instructions:



1100353310974010448434011525

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:

Oxygen Sensor

HS Tariff Code:

Total Packages:	Total Weight:	Total Volume:
1	1.000 kg	0.012 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 5 3 3 1 0 9 7 4 *

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: 467.7 USD

C. Special Delivery Instructions

D. Customer Reference

RVM161795-1

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

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:

Oxygen Sensor

HS Tariff Code:

Total Packages:	Total Weight:	Total Volume:
1	1.000 kg	0.012 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 5 3 3 1 0 9 7 4 *

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

C. Special Delivery Instructions

D. Customer Reference

RVM161795-1

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 Anna Marouli
Contact Tel 00302106710863
Account 00007148
Customer Reference BIO_VIAMED_11_02_2026
Date 12 Feb 2026
Vat Number EL099007886
Priced In US Dollars

Invoice RVM161795-1

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

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

Delivery Reference DVM161795-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110560 Tariff 90271090 CoO Germany	Oxygen Sensor OOM111 S/N:A127745-A127750	6	77.95	0.00	467.70
Bank Charges	Bank Charges		45.00	0.00	45.00
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to: TNT Account: 000111539 31x24x16cm 1.0kg AWB:		0.00	0.00	0.00

Total Net: 512.70
Total Vat: 0.00
Total: 512.70

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 payment in 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
Company Reg No: 01291765
EORI No: GB287389593000



Contact Name Anna Marouli
Contact Tel 00302106710863
Account 00007148
Customer Reference BIO_VIAMED_11_02_2026
Date 12 Feb 2026
Vat Number EL099007886
Priced In US Dollars

Invoice RVM161795-1

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

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

Delivery Reference DVM161795-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110560 Tariff 90271090 CoO Germany	Oxygen Sensor OOM111 S/N:A127745-A127750	6	77.95	0.00	467.70
Bank Charges	Bank Charges		45.00	0.00	45.00
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to: TNT Account: 000111539 31x24x16cm 1.0kg AWB:		0.00	0.00	0.00

Total Net: 512.70
Total Vat: 0.00
Total: 512.70

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 payment in 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
Company Reg No: 01291765
EORI No: GB287389593000



Contact Name Anna Marouli
Contact Tel 00302106710863
Account 00007148
Customer Reference BIO_VIAMED_11_02_2026
Date 12 Feb 2026
Vat Number EL099007886
Priced In US Dollars

Invoice RVM161795-1

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

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

Delivery Reference DVM161795-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110560 Tariff 90271090 CoO Germany	Oxygen Sensor OOM111 S/N:A127745-A127750	6	77.95	0.00	467.70
Bank Charges	Bank Charges		45.00	0.00	45.00
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to: TNT Account: 000111539 31x24x16cm 1.0kg AWB:		0.00	0.00	0.00

Total Net: 512.70
Total Vat: 0.00
Total: 512.70

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 payment in 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
Company Reg No: 01291765
EORI No: GB287389593000



Contact Name Anna Marouli
Contact Tel 00302106710863
Account 00007148
Customer Reference BIO_VIAMED_11_02_2026
Date 12 Feb 2026
Vat Number EL099007886
Priced In US Dollars

Invoice RVM161795-1

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

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

Delivery Reference DVM161795-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110560 Tariff 90271090 CoO Germany	Oxygen Sensor OOM111 S/N:A127745-A127750	6	77.95	0.00	467.70
Bank Charges	Bank Charges		45.00	0.00	45.00
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to: TNT Account: 000111539 31x24x16cm 1.0kg AWB:		0.00	0.00	0.00

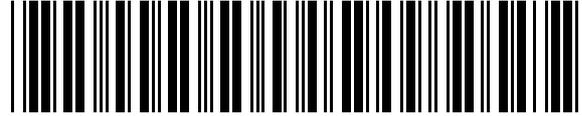
Total Net: 512.70
Total Vat: 0.00
Total: 512.70

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 payment in full has been received.

DETAILED MANIFEST**RECEIVER PAYS**

Pickup id: Web Channel
 Booking created on: 24 Feb 2026 GMT
 Shipment Date: 24 Feb 2026 (local time)



* 3 5 3 3 1 0 9 7 4 *

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

NON DANGEROUS GOODS

Special Instructions

Shipment reference
 RVM161795-1

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: +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 Oxygen Sensor

No Pieces: 1 Weight: 1.000 kg Volume: 0.012 m3 Insurance Value: Invoice Value: 467.7 USD

Package Description BOX Dimensions (L x W x H)
 0.31m x 0.24m x 0.16m

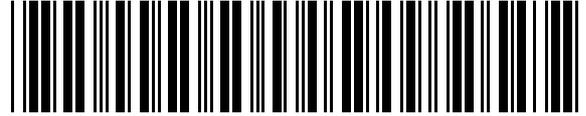
Sender's Signature _____ Date ____/____/____

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**

Pickup id: Web Channel
 Booking created on: 24 Feb 2026 GMT
 Shipment Date: 24 Feb 2026 (local time)



* 3 5 3 3 1 0 9 7 4 *

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

NON DANGEROUS GOODS

Special Instructions

Shipment reference
 RVM161795-1

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: +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 Oxygen Sensor

No Pieces: 1 Weight: 1.000 kg Volume: 0.012 m3 Insurance Value: Invoice Value: 467.7 USD

Package Description BOX **Dimensions (L x W x H)**
 0.31m x 0.24m x 0.16m

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.