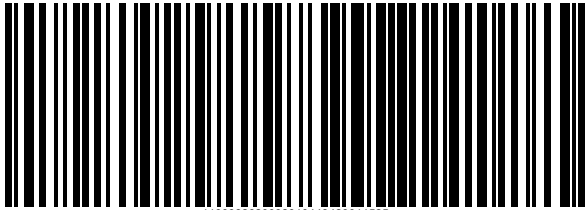
		INT/AIR	2
Con No. 382620032		Service Express	
Piece 1 of 1	Weight 0.50kg	Options (EDO) EDO	
Customer Reference RVM162898-1		Origin BA4	Pickup Date 14 Apr 2026
S/R Account No 000113678			
Sender Viamed Limited 15 Station Road cross hills bd207dt GB		Routing MME CDG	
Receiver Anna Marouli +302106710863 Bio Provider 36 Katechaki Ave N.Psychiko Athens 115 25 GR		Sort	
Postcode / Cluster Code	41	Dest Depot	ATH 15
Delivery instructions:			



1100382620032010448423011525

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 0.500 kg 0.005 m3

4. Services

Service: (15N) Express
Options: (EDO) EDO

Payment Terms: Receiver Pays

NON DANGEROUS GOODS

Sender's Signature: _____

Date: ____/____/____

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* 3 8 2 6 2 0 0 3 2 *

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: 903 USD

C. Special Delivery Instructions

D. Customer Reference

RVM162898-1

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
City: N.Psychiko
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3. Goods

General Description:
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1 0.500 kg 0.005 m3

4. Services

Service: (15N) Express
Options: (EDO) EDO

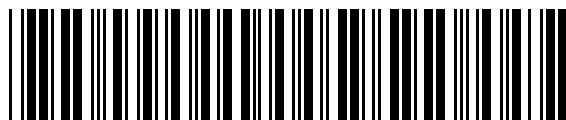
Payment Terms: Receiver Pays

NON DANGEROUS GOODS

Sender's Signature: _____

Date: ____/____/____

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A. Delivery Address

Name: Bio Provider
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Province: Athens
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

RVM162898-1

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

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 BIOVIAMED_31_03_2026
Date 14 Apr 2026
Vat Number EL099007886
Priced In US Dollars

Invoice RVM162898-1

EXW Ex Works Viamed, UK * Incoterms 2020

Delivery Reference DVM162898-1 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:LK06199007-LK06199016	10	90.30	0.00	903.00
Bank Charges	Bank Charges		45.00	0.00	45.00
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to: TNT Account: 000111539 23x15x12cm 0.5kg		0.00	0.00	0.00
				Total Net:	948.00
				Total Vat:	0.00
				Total:	948.00

Banking details
Bank
Sort Code
Account Number
IBAN
BIC
Terms & conditions <https://www.viamed.co.uk/terms>

Barclays Bank
20-78-42
89771244
GB82BUKB20784289771244
BUKBGB22

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
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
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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
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VAT Reg No: GB287389593
Company Reg No: 01291765
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Contact Tel 00302106710863
Account 00007148
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Banking details
Bank Barclays Bank
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Bio-Provider
36 Katechaki Ave
N. Psychiko
Athens
11525
Greece

Delivery Address
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Total: 948.00

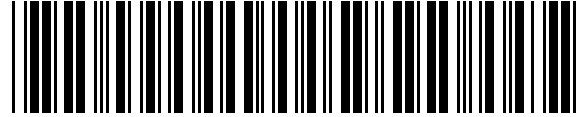
Banking details
Bank
Sort Code
Account Number
IBAN
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Terms & conditions <https://www.viamed.co.uk/terms>

Barclays Bank
20-78-42
89771244
GB82BUKB20784289771244
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DETAILED MANIFEST**RECEIVER PAYS**

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



* 3 8 2 6 2 0 0 3 2 *

Service G (15N) Express
 Options (EDO) EDO

NON DANGEROUS GOODS

Special Instructions

Shipment reference
 RVM162898-1

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: 0.500 kg Volume: 0.005 m3 Insurance Value: Invoice Value: 903 USD

Package Description BOX Dimensions (L x W x H)
 0.23m x 0.15m x 0.12m

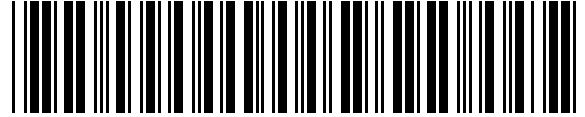
Sender's Signature _____ Date ____/____/____

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

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 Booking created on: 14 Apr 2026 GMT
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* 3 8 2 6 2 0 0 3 2 *

Service G (15N) Express
 Options (EDO) EDO

NON DANGEROUS GOODS

Special Instructions

Shipment reference
 RVM162898-1

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: 0.500 kg Volume: 0.005 m3 Insurance Value: Invoice Value: 903 USD

Package Description BOX Dimensions (L x W x H)
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Sender's Signature _____ Date ____/____/____

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