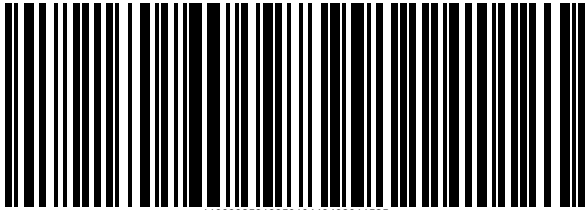


		INT/ROAD	<b>2</b>
Con No. <b>392581885</b>		Service <b>Economy Express (ND)</b>	
Piece <b>1 of 1</b>	Weight <b>1.00kg</b>	Options <b>(EDO) EDO</b>	
Customer Reference RVM162994-1		Origin <b>BA4</b>	Pickup Date 30 Apr 2026
S/R Account No <b>000113678</b>			
Sender <b>Viamed Limited</b> 15 Station Road cross hills bd207dt GB		Routing <b>KG4 IMR</b>	
Receiver <b>Anna Marouli</b> +302106710863 Bio Provider 36 Katechaki Ave N.Psychiko Athens 115 25 GR		Sort	
Postcode / Cluster Code	<b>41</b>	Dest Depot	<b>ATH 12</b>
Delivery instructions:			



1100392581885010448432011525

# 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	0.013 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 9 2 5 8 1 8 8 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: +302106710863

## B. Dutiable Shipment Details

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

Invoice Value of Dutiables: 565 USD

## C. Special Delivery Instructions

## D. Customer Reference

RVM162994-1

## 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 0.013 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 9 2 5 8 1 8 8 5 \*

Please quote this number if you have an enquiry.

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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

RVM162994-1

## 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 16942694AM  
 Date 30 Apr 2026  
 Vat Number EL099007886  
 Priced In US Dollars

## Invoice RVM162994-1

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

EXW Ex Works Viamed, UK \* Incoterms 2020

Delivery Reference DVM162994-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110510 Tariff 90271010 CoO United Kingdom	Oxygen Sensor INQOX MediceL Ref. AA844-210  S/N:0252788819, 0252912830, 0252912832, 0252913029, 0252913031-32, 0252913044-45, 0252975282, 0252975451,	10	56.50	0.00	565.00
Bank Charges	Bank Charges		45.00	0.00	45.00
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to: TNT Account: 000111539 32x24x16cm 1.0kg		0.00	0.00	0.00

Total Net: 610.00  
 Total Vat: 0.00  
 Total: 610.00

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



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 Contact Tel 00302106710863  
 Account 00007148  
 Customer Reference 16942694AM  
 Date 30 Apr 2026  
 Vat Number EL099007886  
 Priced In US Dollars

## Invoice RVM162994-1

Delivery Address  
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 11525  
 Greece

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Delivery Reference DVM162994-1 Contact aqib.majeed@viamed.co.uk

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## Invoice RVM162994-1

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**DETAILED MANIFEST****RECEIVER PAYS**

Pickup id: Web Channel  
 Booking created on: 30 Apr 2026 GMT  
 Shipment Date: 30 Apr 2026 (local time)



\* 3 9 2 5 8 1 8 8 5 \*

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

NON DANGEROUS GOODS

**Special Instructions**

Shipment reference  
 RVM162994-1

**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: 0.013 m3 Insurance Value: Invoice Value: 565 USD

**Package Description** BOX **Dimensions (L x W x H)**  
 0.32m x 0.24m x 0.16m

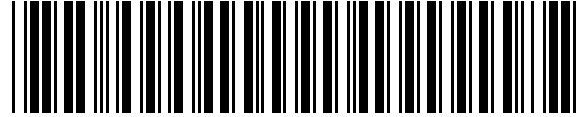
Sender's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by TNT \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ hrs

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**DETAILED MANIFEST****RECEIVER PAYS**

Pickup id: Web Channel  
 Booking created on: 30 Apr 2026 GMT  
 Shipment Date: 30 Apr 2026 (local time)



\* 3 9 2 5 8 1 8 8 5 \*

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

NON DANGEROUS GOODS

**Special Instructions**

Shipment reference  
 RVM162994-1

**Sender** Account: 000113678

Viamed Limited  
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 UNITED KINGDOM

Contact: Catherine Green  
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Bio Provider  
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Contact: Anna Marouli  
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 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: 0.013 m3 Insurance Value: Invoice Value: 565 USD

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

Received by TNT \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ hrs

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