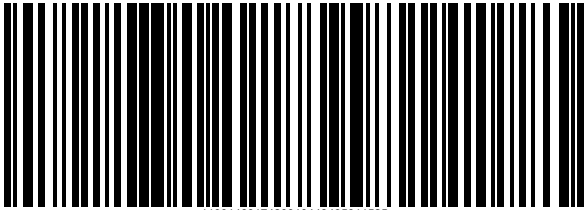


		INT/ROAD				2	
Con No. 146017420				Service Economy Express (ND)			
Piece 1 of 1		Weight 1.80kg		Options (EDO) EDO			
Customer Reference RVM164513-1				Origin BA4 Pickup Date 12 Aug 2026			
S/R Account No 000113678							
Sender Viamed Limited 15 Station Road cross hills bd207dt GB				Routing KG4 IMR			
Receiver Anna Marouli +302106710863 Bio Provider 36 Katechaki Ave N.Psychiko Athens 115 25 GR				Sort			
Postcode / Cluster Code		41		Dest Depot		ATH 21	
Delivery instructions:							



1100146017420010448435011525

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 Sensors
HS Tariff Code:
Total Packages: Total Weight: Total Volume:
1 1.800 kg 0.019 m3

4. Services

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

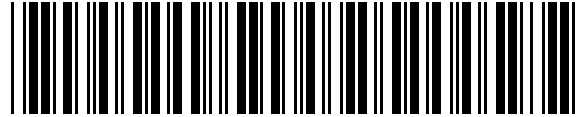
Payment Terms: Receiver Pays

NON DANGEROUS GOODS

Sender's Signature: _____

Date: ____/____/____

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* 1 4 6 0 1 7 4 2 0 *

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: 2666.78 USD

C. Special Delivery Instructions

D. Customer Reference

RVM164513-1

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
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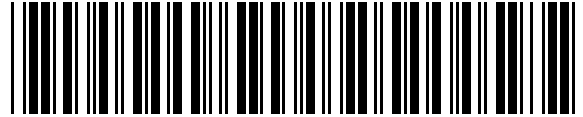
Payment Terms: Receiver Pays

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

RVM164513-1

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_03_07_2026
Date 12 Aug 2026
Vat Number EL099007886
Priced In US Dollars

Invoice RVM164513-1

EXW Ex Works Viamed, UK * Incoterms 2020

Delivery Reference DVM164513-1 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	8	80.56	0.00	644.48
	S/N:0253030696-0253030698,0253030705 0253030713,0253700912, 0253700915-0253700916				
0110453 Tariff 9019209000 CoO United States	Maxtec Oxygen Sensor MAX-250MS	20	90.30	0.00	1,806.00
	S/N:LK06199017-LK06199020 ME47099001-ME47099016				
0110560 Tariff 90271090 CoO Germany	Oxygen Sensor OOM111	2	77.95	0.00	155.90
	S/N:A128006-A128007				
0110425 Tariff 9019209000 CoO United States	Maxtec Oxygen Sensor MAX-250 with `O` ring	1	60.10	0.00	60.10
	S/N:MB63599071				
Bank Charges	Bank Charges		45.00	0.00	45.00
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to: TNT Account: 000111539		0.00	0.00	0.00

Total Net: 2,711.48
Total Vat: 0.00
Total: 2,711.48

Banking details
Bank Barclays Bank
Sort Code 20-78-42
Account Number 89771244
IBAN GB82BUKB20784289771244
BIC BUKGB22
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
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11525
Greece

Delivery Address
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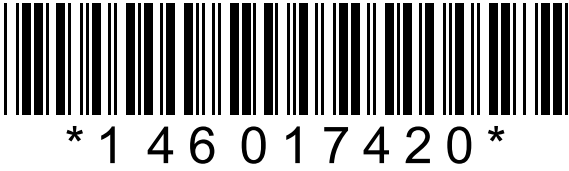
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DETAILED MANIFEST

RECEIVER PAYS

Pickup id: Web Channel
Booking created on: 12 Aug 2026 GMT
Shipment Date: 12 Aug 2026 (local time)

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



NON DANGEROUS GOODS

Special Instructions

Shipment reference
RVM164513-1

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 Sensors

No Pieces: 1 Weight: 1.800 kg Volume: 0.019 m3 Insurance Value: Invoice Value: 2666.78 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

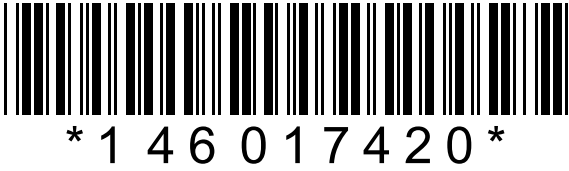
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