			PU	IRCHASE O	RDER				
P.O. No.:	HMTL/PO/AM/202	0-07\040		Date : 15-Apr-21					
				CUSTOMER:	HEADINGTON MED	ICAL TEC	HNOLOGY LIMITI	ED	
ĺ	VIAMED LTD				34, RELIANCE WAY, OX4 2FU, OXFORD				
То	15 STATION ROAD				ENGLAND UK				
	KEIGHLEY, WEST YORKSHIRE				Phone: +44-1865 701635				
	BD20 7DT, ENGLAND								
	UK								
	Tel: +44 (0) 1535 6			Proforma No	MVM129754				
	Email: info@viamed.co.uk				HINDUSTAN MEDICAL TECHNOLOGY				
				CONSIGNEE:					
					27774/2A, KHB YELAHANKA 5TH PHASE, YELAHANA NEW TOWN				
					BANGALURU-560064				
				1	KARNATAKA INDIA				
				Email	customersupport@h		nedical com		
				Email	- Cuotomoroupporter	iii aadtai ii	Todioai.com		
				BANKER:	ICICI BANK UK PLO		•	·	
					SORT CODE : 300128				
From		DICAL TECHNOLOGY	LIMITED		ACCOUNT NUMBE	R : 763118	74		
		ngtonmedical.co.uk							
	Phone: +44-1865	701635							
PRICE				EX WORKS					
SHIPMENT MODE			BY AIR FREIGHT						
PAYMENT				100% Advance					
DELIVEDY			IMMEDIATE EDOM EV STOCK						
DELIVERY				IMMEDIATE FROM EX STOCK					
FORWARDER				WE WILL INFORM YOU.					
FREIGHT				TO BE ARRANGED BY US					
PORT OF SHIPMENT			UNITED KINGDOM						
COUNTRY OF ORIGIN			UNITED KINGDOM						
PORT OF DESTINATION				BENGALURU					
TRANSHIPMENT				NOT ALLOWED					
PART SHIPMENT				NOT ALLOWED					
VAT				ZERO VAT					
INSURANCE				WILL BE ARRANGED BY US					

			PU	IRCHASE OF	RDER									
P.O. No.:	HMTL/PO/AM/2020-	07\040	Date :	e : 15-Apr-21										
INVOICE	FORMAT : (To appea	r as exactly in your shipping	j invoice)											
SI. No.	Cat No. Description						Unit Price GBP	Total GBP						
1	4310003	SpiroTrue Flow sensor.		100	29.70	2,970.00								
	•	•					TOTAL	2,970.00						
TERMS OF SALES														
1	For all the shipments which is effected by this Purchase Order, one copy of the shipping documents in orginal including airway bill should be sent to HEADINGTON MEDICAL TECHNOLOGY LIMITED.													
2	Kindly intimate us by way of Email (preferable with the Airway Bill) once the shipment is effected.													
3	If you do not receive a	If you do not receive all the information clearly, kindly clarify with us before shipment.												
4	,	Kindly follow the invoice format provided.												
5		Kindly quote our P.O.No. for all the correspondences pertaining to this order.												
6	Please notify us immed	diately if you are unable to sh	p as specifie	d.										
		DOCI	IMENTS R	FOUESTED WIT	TH THE SHIPMENT									
	INVOICE		DUPLICATE		√ TRIPLICATE									
:	PACKING LIST	✓	REQUIRED			OTHERS (SPECIFY)								
;	TEST LICENCE		APPLICABLE		✓	NOT APPLICABLE								
	FREE SALE CERTIFIC		REQUIRED		\checkmark	NOT REQUIRED								
!	COUNTRY OF ORIGIN CERTIFICATE			REQUIRED		\checkmark	NOT REQUIRED							
(DOCUMENTS TO BE SENT TO		✓	HEADINGTON			CUSTOMER							
-	INSURANCE CERTIFICATE		✓	REQUIRED			NOT REQUIRED							
Best Reg	ards,													
ANUPAM/	A SAPROO		Y KOUL			MONICA	A PASCRICHA							