

Invoice Address

Junnimed Services Pte Ltd
15 Changi North Street 1
01-20 I-Lofts at Changi
498765
Singapore

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT
Tel: +44 (0) 1535 634542
Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765



Contact Name Glyniss Neo
Contact Tel 0065 6546 7737
Account 00007983
Customer Reference 5004-21
Date 11 Jan 2021
Tracking Number GD317339654WW

Invoice RVM128076-1

Delivery Address
Junnimed Services Pte Ltd
15 Changi North Street 1
01-20 I-Lofts at Changi
498765
Singapore

CIP Carriage and Insurance Paid To * Incoterms® 2020

Delivery Reference DVM128076-1 Contact sarah.walton@viamed.co.uk

Item Reference	Description	Quantity	\$ Unit	\$ Unit Vat	\$ Total
0110017 Tariff 9019200000	Teledyne Oxygen Sensor R-17MED S/N:565701-565702,565709,565714-565717 565736-565738	10	34.50	0.00	345.00
Bank Charges	Bank Charges		35.00	0.00	35.00
EXW	(Ex-Works Incoterms 2000). Consigned to: TNT account 67811 Express service AWB:GD317339654WW		0.00	0.00	0.00

Total Net: \$ 380.00
Total Vat: \$ 0.00
Total: \$ 380.00

Sign

Print Name

Date 11-1-21

van Reg 3509

Scanned &

Linked to order
1/2
11-1-21

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.

WHITE SECTIONS ARE MANDATORY. PLEASE COMPLETE IN CAPITALS AND PRESS HARD.

1. Sender's Account Number

000113678

SENDER LIABLE FOR UNPAID CHARGES

2. Invoice to Receiver

Cross ☒ and provide receiver's account number or call Customer Service for correct account details

3. Customer Reference (Information you would like on the invoice (if required))

HGS 324726

4. From (Collection Address)

Name: VAMED

Address: 15 STATION ROAD

CROSSHILLS

City: KEIGHLEY

Postal / Zip Code: BD20 7DT

Province/Region:

Country: GB

Contact Name: LISA NOON

Tel. No.: 15 35634542

5. To (Receiver)

Name: JUNNIMED SERVICES PTE LTD

Address: 15 CHANGI NORTH STREET 1

#01-20 WE CANNOT DELIVER

L-LOFTS @ GHANGI

POST.O. BOX NUMBERS

City: SINGAPORE

Postal / Zip Code: 498765

Province/Region:

Country: SG

Contact Name: GLYNIS NEL

Tel. No.: 0065654 67737

6. Delivery Address (if different from receiver's address above)

Name:

Address:

City:

Province/Region:

Contact Name:

Country:

Tel. No.:

7. Dangerous Goods (Cross correct box)

Does this consignment contain any dangerous goods? if

Yes ☐

No ☒

yes, please call our Customer Service.

CARRIAGE OF THIS CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE

Your Signature

Date:

(Day/Month/Year)

Date:

Time:



GD 317339654 WW

Please quote this Number if you have an enquiry.



8a. Services (Cross one box only to select a Service)

Special Express

9:00 Express

10:00 Express

12:00 Express

Express

Economy Express

Economy Express

Special Delivery Instructions (Reserved for your instructions (if required))

8b. Options (Cross boxes)

Priority

Enhanced

Liability

For documents and non-documents

For documents and non-documents

For documents and non-documents

For documents and non-documents

For documents and non-documents

For documents and non-documents

For documents and non-documents

For documents and non-documents

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