

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: 000014662
Name: Jacomedic
Address: Solgaard Skog 131
City: Moss
Province:
Postal/Zip Code: 1599
Location: NORWAY
Contact Name: Petter Jacobson
Tel No: 004769262900

3. Goods

General Description:
Medical Products
HS Tariff Code:
Total Packages: Total Weight: Total Volume:
1 1.4 kg 0.018432 m3

4. Services

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

Payment Terms: Receiver Pays

NON DANGEROUS GOODS



* 2 9 4 7 9 9 7 2 4 *

Please quote this number if you have an enquiry.

A. Delivery Address

Name: Jacomedic
Address: Solgaard Skog 131
City: Moss
Province:
Postal/Zip Code: 1599
Location: NORWAY
Contact Name: Petter Jacobson
Tel No: 004769262900

B. Dutiable Shipment Details

Receivers VAT/TVA/BTW/MWST No.: NO986938230MVA

C. Special Delivery Instructions

D. Customer Reference

RVM131975-1

E. Invoice Receiver (Receiver's Account Number)

000014662

Sender's Signature: CGreen

Date: 5/8/2021

Received by TNT (Name): [Signature]

Date: 5/8/21 Time: 14:00

TNT'S LIABILITY FOR LOSS, DAMAGE AND DELAY IS LIMITED BY THE CMR CONVENTION OR THE WARSAW CONVENTION WHICHEVER IS APPLICABLE. THE SENDER AGREES THAT THE GENERAL CONDITIONS, WHICH CAN BE VIEWED AT [HTTPS://WWW.TNT.COM/TERMS](https://www.tnt.com/terms), ARE ACCEPTABLE AND GOVERN THIS CONTRACT. IF NO SERVICES OR BILLING OPTIONS ARE SELECTED THE FASTEST AVAILABLE SERVICE WILL BE CHARGED TO THE SENDER.

Receiver Copy

Please keep for reference

DETAILED MANIFEST**RECEIVER PAYS**

Pickup id: Web Channel
Printed on: 05 Aug 2021
Shipment Date: 05 Aug 2021



294799724

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

NON DANGEROUS GOODS

Special Instructions

Shipment reference
RVM131975-1

Sender

Account: 000113678

Viamed Limited
15 Station Road
cross hills
bd207dt
UNITED KINGDOM

Contact: Catherine Green
Tel: 01535634542

Receiver

Account: 000014662

Jacomedic
Solgaard Skog 131
Moss
1599
NORWAY

Contact: Petter Jacobson
Tel: 004769262900
VAT Nr.: NO986938230MVA

Collection Name Viamed Limited
Collection Address 15 Station Road
cross hills, bd207dt, UNITED KINGDOM
Delivery Name Jacomedic
Delivery Address Solgaard Skog 131
Moss, 1599, NORWAY
Goods Description Medical Products

No Pieces: 1 Weight: 1.4 kg Volume: 0.018432 m3 Insurance Value: Invoice Value: 884 EUR

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

Sender's Signature

CGreen

Date

5/8/2021

Received by TNT

Date ____/____/____ Time ____:____ hrs

TNT'S LIABILITY FOR LOSS, DAMAGE AND DELAY IS LIMITED BY THE CMR CONVENTION OR THE WARSAW CONVENTION WHICHEVER IS APPLICABLE. THE SENDER AGREES THAT THE GENERAL CONDITIONS, WHICH CAN BE VIEWED AT [HTTPS://WWW.TNT.COM/TERMS](https://www.tnt.com/terms), ARE ACCEPTABLE AND GOVERN THIS CONTRACT. IF NO SERVICES OR BILLING OPTIONS ARE SELECTED THE FASTEST AVAILABLE SERVICE WILL BE CHARGED TO THE SENDER.

DETAILED MANIFEST**RECEIVER PAYS**

Pickup id: Web Channel
Printed on: 05 Aug 2021
Shipment Date: 05 Aug 2021



* 2 9 4 7 9 9 7 2 4 *

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

NON DANGEROUS GOODS

Special Instructions

Shipment reference
RVM131975-1

Sender

Account: 000113678

Viamed Limited
15 Station Road
cross hills
bd207dt
UNITED KINGDOM

Contact: Catherine Green
Tel: 01535634542

Receiver

Account: 000014662

Jacomedic
Solgaard Skog 131
Moss
1599
NORWAY

Contact: Petter Jacobson
Tel: 004769262900
VAT Nr.: NO986938230MVA

Collection Name Viamed Limited
Collection Address 15 Station Road
cross hills, bd207dt, UNITED KINGDOM

Delivery Name Jacomedic
Delivery Address Solgaard Skog 131
Moss, 1599, NORWAY

Goods Description Medical Products

No Pieces: 1 Weight: 1.4 kg Volume: 0.018432 m3 Insurance Value: Invoice Value: 884 EUR

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

Sender's Signature

CGNEEN

Date

5.8.2021

Received by TNT

Date ____/____/____ Time ____:____ hrs

TNT'S LIABILITY FOR LOSS, DAMAGE AND DELAY IS LIMITED BY THE CMR CONVENTION OR THE WARSAW CONVENTION WHICHEVER IS APPLICABLE. THE SENDER AGREES THAT THE GENERAL CONDITIONS, WHICH CAN BE VIEWED AT [HTTPS://WWW.TNT.COM/TERMS](https://www.tnt.com/terms), ARE ACCEPTABLE AND GOVERN THIS CONTRACT. IF NO SERVICES OR BILLING OPTIONS ARE SELECTED THE FASTEST AVAILABLE SERVICE WILL BE CHARGED TO THE SENDER.

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: 000014662
Name: Jacomedic
Address: Solgaard Skog 131
City: Moss
Province:
Postal/Zip Code: 1599
Location: NORWAY

Contact Name: Petter Jacobson
Tel No: 004769262900

3. Goods

General Description:

Medical Products

HS Tariff Code:

Total Packages:	Total Weight:	Total Volume:
1	1.4 kg	0.018432 m3

4. Services

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

Payment Terms: Receiver Pays

NON DANGEROUS GOODS

Sender's Signature: _____

Date: ____/____/____

TNT'S LIABILITY FOR LOSS, DAMAGE AND DELAY IS LIMITED BY THE CMR CONVENTION OR THE WARSAW CONVENTION WHICHEVER IS APPLICABLE. THE SENDER AGREES THAT THE GENERAL CONDITIONS, WHICH CAN BE VIEWED AT [HTTPS://WWW.TNT.COM/TERMS](https://www.tnt.com/terms), ARE ACCEPTABLE AND GOVERN THIS CONTRACT. IF NO SERVICES OR BILLING OPTIONS ARE SELECTED THE FASTEST AVAILABLE SERVICE WILL BE CHARGED TO THE SENDER.



* 2 9 4 7 9 9 7 2 4 *

Please quote this number if you have an enquiry.

A. Delivery Address

Name: Jacomedic
Address: Solgaard Skog 131
City: Moss
Province:
Postal/Zip Code: 1599
Location: NORWAY

Contact Name: Petter Jacobson
Tel No: 004769262900

B. Dutiable Shipment Details

Receivers VAT/TVA/BTW/MWST No.: NO986938230MVA

Invoice Value of Dutiables: 884 EUR

C. Special Delivery Instructions

D. Customer Reference

RVM131975-1

E. Invoice Receiver (Receiver's Account Number)

000014662

Received by TNT (Name): _____

Date: ____/____/____ Time: ____:____

Customs Copy

Please keep for reference



INT/ROAD

1

Con No.

294799724

Piece

1 of 1

Weight

1.40kg

Service

Economy Express (ND)

Options

(EDO) EDO

Customer Reference

RVM131975-1

S/R Account No

000113678

Origin

BA4

Pickup Date

05 Aug 2021

Sender

Viamed Limited

15 Station Road

cross hills bd207dt

GB

Routing

DZ5**HL3**

Receiver

Petter Jacobson

004769262900

Jacomedic

Solgaard Skog 131

Moss 1599

NO

Sort

Postcode /

Cluster Code

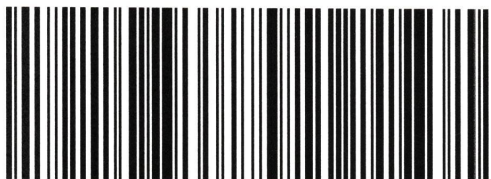
G3

Dest

Depot

OSL 10

Delivery instructions:



1100294799724010841432001599

Invoice Address

Jacomedic
Solgaard Skog 131
1599 Moss
Norway
VAT NO986938230MVA

Delivery Address
Jacomedic
Solgaard Skog 131
Moss
1599
Norway

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
Eori No: GB287389593000



Contact Name Petter Jacobsen
Contact Tel 004769262900
Account 00007592
Customer Reference 222-2021
Date 05 Aug 2021

Invoice RVM131975-1

EXW Ex Works * Incoterms® 2020

Delivery Reference DVM131975-1 Contact sarah.walton@viamed.co.uk

Item Reference	Description	Quantity	€ Unit	€ Unit Vat	€ Total
0111265 Tariff 90181990-00 CoO United States	Maxtec Ultramax Oxygen analyser Maxtec R221P11	2	442.00	0.00	884.00
	S/N:GG94611008-GG94611009				
EXW	Delivery: EXW - Viamed UK (Incoterms 2020)		0.00	0.00	0.00

TNT Account Number 000014662

Total Net: € 884.00
Total Vat: € 0.00
Total: € 884.00

Driver
Sign
Date 5/8/21.
Print J. MARIN
Van Reg

Banking details
Bank Barclays Bank
Sort Code 20-78-42
Account Number 87399700
IBAN GB33BUKB20784287399700
BIC BUKGBB22
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.