Invoice Address

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

Delivery 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
Eori No: GB287389593000

Contact Name Contact Tel Account

Glyniss Neo 006565467737 00007983 5239-21 23 Aug 2021

Date Tracking Number

Customer Reference

314629939

Invoice RVM132301-1

EXW Ex Works * Incoterms® 2020

Delivery Reference DVM132301-1 Contact sarah.walton@viamed.co.uk

Item Reference	Description	Quantity	\$ Unit	\$ Unit Vat	\$ Total
0110017 Tariff 9019200000 CoO United States	Teledyne Oxygen Sensor R-17MED	15	34.50	0.00	517.50
	S/N:617203-617217				
2520000 Tariff 90181990-00 CoO United Kingdom	Microstim DB3 - Patient Lead Press Studs	1	17.40	0.00	17.40
Bank Charges	Bank Charges		35.00	0.00	35.00
EXW	Delivery: EXW - Viamed UK (Incoterms 2020)		0.00	0.00	0.00

TNT Account 67811. Express Service.

31 x 31 x 25 cm

1.60kg 314629939

E. Clark 23.8.21

Doto: - 23/8/2, Total Vat: \$
Print: - mi Evoninou
Sign: -

569.90 Total Net: \$ 0.00 569.90

Banking details Bank Sort Code Account Number IBAN

Barclays Bank 20-78-42 89771244 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.

Page 1

Consignment Note

1. From (Collection Address) Sender's Account No: 000113678 Viamed Limited Name: 15 Station Road Address: City: cross hills Province: Postal/Zip Code: bd207dt UNITED KINGDOM Location: Please quote this number if you have an enquiry. Contact Name: Catherine Green 01535634542 Tel No: A. Delivery Address 2. To (Receiver Address) Junnimed Services Pte Ltd Name: Receiver's Account No: 000067811 15 Changi North Street Address: Junnimed Services Pte Ltd 1 Unit 01-20 i-lofts 15 Changi North Street Address: Changi 1 Unit 01-20 i-lofts City: Singapore Changi Province: City: Singapore Postal/Zip Code: 498765 Province: **SINGAPORE** Location: 498765 Postal/Zip Code: Location: SINGAPORE Contact Name: Glyniss Neo +6565467737 Tel No: Contact Name: Glyniss Neo Tel No: +6565467737 **B. Dutiable Shipment Details** 3. Goods Receivers VAT/TVA/BTW/MWST No.: General Description: Medical goods Invoice Value of Dutiables: 530 USD HS Tariff Code: Total Packages: Total Weight: Total Volume: C. Special Delivery Instructions 0.024025 m3 1.6 kg 4. Services D. Customer Reference Service: (15N) Express RVM132301-1 Options: E. Invoice Receiver (Receiver's Account Number) Payment Terms: Receiver Pays 000067811 **NON DANGEROUS GOODS** Sender's Signature: Received by TNT (Name): Date: 23/8/7 /____Time: _ 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 , are acceptable and GOVERN THIS CONTRACT. IF NO SERVICES OR BILLING OPTIONS ARE SELECTED THE FASTEST AVAILABLE SERVICE WILL BE CHARGED TO THE SENDER. **Customs Copy** Please keep for reference