		PURCHASE O	RDER					
P.O. No.:	HMTL/PO/AM/2022-07\01		Date : 04-Feb-22					
		CUSTOMER:	HEADINGTON MEDICAL	L TECHNOLOGY LIMITED				
	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 634542	Your	MVM134695	16-Jan-22				
	Email: info@viamed.co.uk	Proforma No	LINDUCTAN MEDICAL	TECHNOLOGY				
		CONSIGNEE:	HINDUSTAN MEDICAL 27774/2A, KHB YELAHA					
			5TH PHASE, YELAHANA					
			BANGALURU-560064					
			KARNATAKA INDIA					
From		Email	customersupport@hindus	stan-medical.com				
	HEADINGTON MEDICAL TECHNOLOGY LIMITED		ouctomo: cupport cimiua					
	Email: info@headingtonmedical.co.uk	BANKER:	ICICI BANK UK PLC					
	Phone: +44-1865 701635		SORT CODE : 300128					
			ACCOUNT NUMBER : 70	6311874				
PRICE		EX WORKS	EX WORKS					
SHIPMEN	IT MODE	BY AIR FREIG	BY AIR FREIGHT					
PAYMEN	Т	100% Advance	100% Advance					
DELIVER'	Υ	IMMEDIATE F	IMMEDIATE FROM EX STOCK					
FORWAR	DER	Unit 5, Buildir Eastern Perin London Heath Hatton Cross TW6 2GE	1					
FREIGHT		TO BE ARRAN	TO BE ARRANGED BY US					
PORT OF	SHIPMENT	UNITED KING	UNITED KINGDOM					
COUNTR	Y OF ORIGIN	UNITED KING	UNITED KINGDOM					
PORT OF	DESTINATION	BENGALURU	BENGALURU					
TRANSHI	PMENT	NOT ALLOWE	NOT ALLOWED					
PART SH	IPMENT	NOT ALLOWE	NOT ALLOWED					
VAT		ZERO VAT	ZERO VAT					
INSURAN	ICE	WILL BE ARR	WILL BE ARRANGED BY US					

PURCHASE ORDER												
P.O. No.:	HMTL/PO/AM/2022-	07\01		Date :	04-Feb-22							
INVOICE F	ORMAT : (To appear	r as exactly in your shippi	ng invoice)				ı					
SI. No.	Cat No.		De		Qty. Nos.	Unit Price GBP	Total GBP					
1	4310003	SpiroTrue Flow sensor	Disposable		100	29.70	2,970.00					
							TOTAL	2,970.00				
			TE	ERMS OF SAI	LES							
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 al	I the information clearly, kind	lly 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	ip as specifie	d.								
		DOC	UMENTS R	EQUESTED WIT	H THE SHIPMENT							
1	INVOICE			DUPLICATE		✓	TRIPLICATE					
2	PACKING LIST		✓	REQUIRED			OTHERS (SPECIFY)					
3	TEST LICENCE			APPLICABLE		✓	NOT APPLICABLE					
4	FREE SALE CERTIFICATE			REQUIRED		✓	NOT REQUIRED					
5	COUNTRY OF ORIGIN CERTIFICATE			REQUIRED		✓	NOT REQUIRED					
6	DOCUMENTS TO BE SENT TO		✓	HEADINGTON			CUSTOMER					
7	INSURANCE CERTIFICATE		√	REQUIRED			NOT REQUIRED					
Best Regards,			-	'								
ANUPAMA SAPROO			AY KOUL		MONICA PASCRICHA							
DIRECTOR UK&I		MANAGING DIRECTOR			CFO							