



Consignment Note

1. From (Collection Address)				
Sender's Account No: Name: Address: City: Province: Postal/Zip Code: Location: Contact Name: Tel No: 2. To (Receiver Address)	Viamed Limited 15 Station Road cross hills bd207dt UNITED KINGDOM Catherine Green 01535634542		* 3 1 2 7 5 7 4 3 6 * Please quote this number if you have an enquiry. A. Delivery Address	
Receiver's Account No Name: Address: City: Province: Postal/Zip Code: Location: Contact Name: Tel No: 3. Goods	21.55.04 P.		Name: Address: City: Province: Postal/Zip Code: Location: Contact Name: Tel No:	I.M.T.C Ltd Faran 2 Yavne 8122502 ISRAEL Ayelet Mor +972086636637
General Description: Medical Products HS Tariff Code: Total Packages: 1 4. Services Service: (48N) Econom Options: (EDO) EDO Payment Terms: Receive	ver Pays	Total Volume: 0.013 m3	Receivers VAT/TVA Invoice Value of Dut C. Special Delivery D. Customer Refere RVM136438-1	/BTW/MWST No.: 0 iables: 325 USD Instructions
Date:/ Tht'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.			Received by TNT (No. 1) Date:// Customs Copy Please keep for refer	