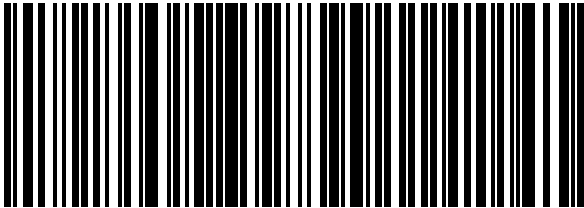


		INT/ROAD		2	
Con No. 349620895			Service Economy Express (ND)		
Piece 1 of 1		Weight 1.00kg		Options (EDO) EDO	
Customer Reference BIOVIAMED12052022			Origin BA4 Pickup Date 13 May 2022		
S/R Account No 000113678					
Sender Viamed Limited 15 Station Road cross hills bd207dt GB			Routing DZ5 MV9		
Receiver Clio Kouroumalou +302105050054 Bio-Provider 36 Katechaki Ave N.Psychiko Athens 11525 GR			Sort		
Postcode / Cluster Code		41		Dest Depot ATH 23	
Delivery instructions:					



1100349620895010448431011525

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: 000111539
Name: Bio-Provider
Address: 36 Katechaki Ave
N.Psychiko
City: Athens
Province:
Postal/Zip Code: 11525
Location: GREECE

Contact Name: Clio Kouroumalou
Tel No: +302105050054

3. Goods

General Description:

Medical Products

HS Tariff Code:

Total Packages:	Total Weight:	Total Volume:
1	1.000 kg	0.013 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.



* 3 4 9 6 2 0 8 9 5 *

Please quote this number if you have an enquiry.

A. Delivery Address

Name: Bio-Provider
Address: 36 Katechaki Ave
N.Psychiko
City: Athens
Province:
Postal/Zip Code: 11525
Location: GREECE

Contact Name: Clio Kouroumalou
Tel No: +302105050054

B. Dutiable Shipment Details

Receivers VAT/TVA/BTW/MWST No.: EL099007886

Invoice Value of Dutiables: 528 USD

C. Special Delivery Instructions

D. Customer Reference

BIOVIAMED12052022

E. Invoice Receiver (Receiver's Account Number)

000111539

Received by TNT (Name): _____

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

Customs Copy

Please keep for reference

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: 000111539
Name: Bio-Provider
Address: 36 Katechaki Ave
N.Psychiko
City: Athens
Province:
Postal/Zip Code: 11525
Location: GREECE

Contact Name: Clio Kouroumalou
Tel No: +302105050054

3. Goods

General Description:
Medical Products
HS Tariff Code:
Total Packages: Total Weight: Total Volume:
1 1.000 kg 0.013 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.



* 3 4 9 6 2 0 8 9 5 *

Please quote this number if you have an enquiry.

A. Delivery Address

Name: Bio-Provider
Address: 36 Katechaki Ave
N.Psychiko
City: Athens
Province:
Postal/Zip Code: 11525
Location: GREECE

Contact Name: Clio Kouroumalou
Tel No: +302105050054

B. Dutiable Shipment Details

Receivers VAT/TVA/BTW/MWST No.: EL099007886

C. Special Delivery Instructions

D. Customer Reference

BIOVIAMED12052022

E. Invoice Receiver (Receiver's Account Number)

000111539

Received by TNT (Name): _____

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

Receiver Copy

Please keep for reference

Invoice Address
Bio-Provider
36 Katechaki Ave
N. Psychiko
Athens
11525
Greece

Delivery Address
Bio-Provider
36 Katechaki Ave
N. Psychiko
Athens
11525
Greece

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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 Clio Kouroumalou
Contact Tel 00302105050054
Account 00007148
Customer Reference BIOVIAMED12052022
Date 13 May 2022
Vat Number EL099007886

Invoice RVM137011-1

EXW Ex Works Greece * Incoterms® 2020

Delivery Reference DVM137011-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	\$ Unit	\$ Unit Vat	\$ Total
0110017 Tariff 9019209000 CoO United States	Teledyne Oxygen Sensor R-17MED S/N:696924-696933	10	34.50	0.00	345.00
0110425 Tariff 9019209000 CoO United States	Maxtec Oxygen Sensor MAX-250 with `O` ring S/N:FK70999096-FK70999097	2	69.00	0.00	138.00
Bank Charges	Bank Charges		45.00	0.00	45.00
EXW	Delivery: EXW - Viamed UK (Incoterms 2020) Consigned to TNT account 000111539		0.00	0.00	0.00
Total Net: \$					528.00
Total Vat: \$					0.00
Total: \$					528.00

Banking details
Bank Barclays Bank
Sort Code 20-78-42
Account Number 89771244
IBAN GB82BUKB20784289771244
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.

Invoice Address
Bio-Provider
36 Katechaki Ave
N. Psychiko
Athens
11525
Greece

Delivery Address
Bio-Provider
36 Katechaki Ave
N. Psychiko
Athens
11525
Greece

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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 Clio Kouroumalou
Contact Tel 00302105050054
Account 00007148
Customer Reference BIOVIAMED12052022
Date 13 May 2022
Vat Number EL099007886

Invoice RVM137011-1

EXW Ex Works Greece * Incoterms® 2020

Delivery Reference DVM137011-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	\$ Unit	\$ Unit Vat	\$ Total
0110017 Tariff 9019209000 CoO United States	Teledyne Oxygen Sensor R-17MED S/N:696924-696933	10	34.50	0.00	345.00
0110425 Tariff 9019209000 CoO United States	Maxtec Oxygen Sensor MAX-250 with `O` ring S/N:FK70999096-FK70999097	2	69.00	0.00	138.00
Bank Charges	Bank Charges		45.00	0.00	45.00
EXW	Delivery: EXW - Viamed UK (Incoterms 2020) Consigned to TNT account 000111539		0.00	0.00	0.00
Total Net: \$					528.00
Total Vat: \$					0.00
Total: \$					528.00

Banking details
Bank Barclays Bank
Sort Code 20-78-42
Account Number 89771244
IBAN GB82BUKB20784289771244
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.

Invoice Address
Bio-Provider
36 Katechaki Ave
N. Psychiko
Athens
11525
Greece

Delivery Address
Bio-Provider
36 Katechaki Ave
N. Psychiko
Athens
11525
Greece

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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 Clio Kouroumalou
Contact Tel 00302105050054
Account 00007148
Customer Reference BIOVIAMED12052022
Date 13 May 2022
Vat Number EL099007886

Invoice RVM137011-1

EXW Ex Works Greece * Incoterms® 2020

Delivery Reference DVM137011-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	\$ Unit	\$ Unit Vat	\$ Total
0110017 Tariff 9019209000 CoO United States	Teledyne Oxygen Sensor R-17MED S/N:696924-696933	10	34.50	0.00	345.00
0110425 Tariff 9019209000 CoO United States	Maxtec Oxygen Sensor MAX-250 with `O` ring S/N:FK70999096-FK70999097	2	69.00	0.00	138.00
Bank Charges	Bank Charges		45.00	0.00	45.00
EXW	Delivery: EXW - Viamed UK (Incoterms 2020) Consigned to TNT account 000111539		0.00	0.00	0.00
Total Net: \$					528.00
Total Vat: \$					0.00
Total: \$					528.00

Banking details
Bank Barclays Bank
Sort Code 20-78-42
Account Number 89771244
IBAN GB82BUKB20784289771244
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.

Invoice Address
Bio-Provider
36 Katechaki Ave
N. Psychiko
Athens
11525
Greece

Delivery Address
Bio-Provider
36 Katechaki Ave
N. Psychiko
Athens
11525
Greece

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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 Clio Kouroumalou
Contact Tel 00302105050054
Account 00007148
Customer Reference BIOVIAMED12052022
Date 13 May 2022
Vat Number EL099007886

Invoice RVM137011-1

EXW Ex Works Greece * Incoterms® 2020

Delivery Reference DVM137011-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	\$ Unit	\$ Unit Vat	\$ Total
0110017 Tariff 9019209000 CoO United States	Teledyne Oxygen Sensor R-17MED S/N:696924-696933	10	34.50	0.00	345.00
0110425 Tariff 9019209000 CoO United States	Maxtec Oxygen Sensor MAX-250 with `O` ring S/N:FK70999096-FK70999097	2	69.00	0.00	138.00
Bank Charges	Bank Charges		45.00	0.00	45.00
EXW	Delivery: EXW - Viamed UK (Incoterms 2020) Consigned to TNT account 000111539		0.00	0.00	0.00
Total Net: \$					528.00
Total Vat: \$					0.00
Total: \$					528.00

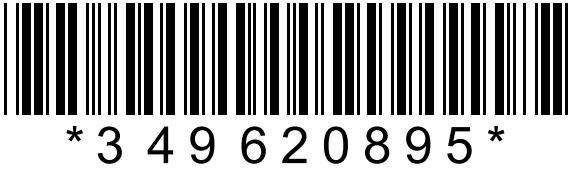
Banking details
Bank Barclays Bank
Sort Code 20-78-42
Account Number 89771244
IBAN GB82BUKB20784289771244
BIC BUKGBB22
Terms & conditions <https://www.viamed.co.uk/terms>

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.

DETAILED MANIFEST

RECEIVER PAYS

Pickup id: Web Channel
Printed on: 13 May 2022
Shipment Date: 13 May 2022



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

NON DANGEROUS GOODS

Special Instructions

Shipment reference
BIOVIAMED12052022

Sender Account: 000113678

Viamed Limited
15 Station Road
cross hills
bd207dt
UNITED KINGDOM

Contact: Catherine Green
Tel: 01535634542

Receiver Account: 000111539

Bio-Provider
36 Katechaki Ave
N.Psychiko
Athens
11525
GREECE

Contact: Clio Kouroumalou
Tel: +302105050054
VAT Nr.: EL099007886

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

Delivery Name Bio-Provider
Delivery Address 36 Katechaki Ave, N.Psychiko
Athens, 11525, GREECE

Goods Description Medical Products

No Pieces: 1 Weight: 1.000 kg Volume: 0.013 m3 Insurance Value: Invoice Value: 528 USD

Package Description BOX Dimensions (L x W x H)
0.32m x 0.24m x 0.16m

Sender's Signature _____ Date ____/____/____

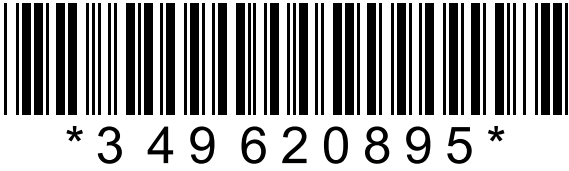
Received by TNT _____ Date ____/____/____ Time ____:____ hrs

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: 13 May 2022
Shipment Date: 13 May 2022



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

NON DANGEROUS GOODS

Special Instructions

Shipment reference
BIOVIAMED12052022

Sender Account: 000113678

Viamed Limited
15 Station Road
cross hills
bd207dt
UNITED KINGDOM

Contact: Catherine Green
Tel: 01535634542

Receiver Account: 000111539

Bio-Provider
36 Katechaki Ave
N.Psychiko
Athens
11525
GREECE

Contact: Clio Kouroumalou
Tel: +302105050054
VAT Nr.: EL099007886

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

Delivery Name Bio-Provider
Delivery Address 36 Katechaki Ave, N.Psychiko
Athens, 11525, GREECE

Goods Description Medical Products

No Pieces: 1 Weight: 1.000 kg Volume: 0.013 m3 Insurance Value: Invoice Value: 528 USD

Package Description BOX Dimensions (L x W x H)
0.32m x 0.24m x 0.16m

Sender's Signature _____ Date ____/____/____

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.