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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Kerry Laffoley
HCS Five Oaks Hospital	States Of Jersey	Contact Tel	: 0153459000
Supplies Department	19-21 Broad Street	Account	00002345
St Saviour	St Helier	Customer Reference	4600081127
Jersey	Jersey	Date	27 Dec 2023
JE2 7GS	JE2 3RR	Priority	: 4
		Valid until	: 27 Jan 2024
		Priced In	: UK Pounds

Proforma Invoice MVM147383

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CIP Carriage and Insurance Paid To Jersey Hospital, UK * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	2	55.30		110.60
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	55.30		110.60
PPRD	Royal Mail - 1st Class Signed For	1	10.00		10.00
				Total Net:	231.20
				Total Vat:	0.00
				Total:	231.20

Banking details
Bank BIC
Sort Code Barclays Bank PLC
Account Number 20-78-42
IBAN 00906662
BIC GB05BUKB20784200906662
BIC BUKGB22
Terms and conditions <https://www.viamed.co.uk/terms>

Full proforma 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.
Proforma Valid for 30 days only.
Viamed Ltd reserves the right to add an administration fee to the Proforma if multiple changes are requested.