

Viamed Ltd
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Viamed Ltd



Delivery Address

Kapil Sthapit
 Flat 17
 Flowersmead
 Upper Tooting Park
 London
 SW17 7SY

Invoice Address

Kapil Sthapit
 Flat 17
 Flowersmead
 Upper Tooting Park
 London
 SW17 7SY

Contact Name Contact Tel

: Kapil Sthapit
 : 07411809444

Account 00012997
 Customer Reference 27122384KG2
 Date 27 Dec 2023
 Priority : 3
 Valid until : 27 Jan 2024
 Priced In : UK Pounds

Proforma Invoice MVM147390

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

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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	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard	1	10.00	2.00	12.00

Total Net: 120.60
 Total Vat: 24.12
 Total: 144.72

Banking details
 Bank BIC
 Sort Code 20-78-42
 Account Number 00906662
 IBAN 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.