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

## Viamed Ltd



**Delivery Address** 

Davies Rene Segera UON - Electrical Department Harry Thuku Road P.O. Box 30197-00100 Nairobi Kenya

Invoice Address

Afrimed Group 8th Abokobi Road East Cantonment Accra Ghana

Contact Name Contact Tel

: Manful Yoofi : 00233559000841

Account Customer Reference Date

CID25770 FZE0360 28 Dec 2023

Priority : 3

Valid until : 27 Jan 2024 Priced In : US Dollars

## Proforma Invoice MVM147409

Page 1

CIP Carriage and Insurance Paid To Afrimed Group, Ghana \* Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice: sophie.lines@viamed.co.uk

Item R	eference	Description	Quantity	Unit	Unit Vat	Total
Tariff 90	1250 181990-00 ted States	Maxtec Handi+ Oxygen Analyser, with integrated oxygen sensor R218P12	1	170.00		170.00
ВС		Bank Charges	1	25.00		25.00
INS		Insurance	1	12.50		12.50
PPU	IPS7	UPS Courier Delivery - Express Saver	1	81.17		81.17
		32 x 24 x 16 cm 0.7 kg				

Total Net: 288.67 Total Vat: 0.00

> Total: 288.67

Banking details Bank Sort Code Account Number IBAN

BIC Barclays Bank 20-78-42 89771244 GB82BUKB20784289771244 BIC BUKBGB22
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 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.