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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Jhoselyn I.Ch
Golden Medical Tech S.A.C Av. Bertello Mz. Q Lt 12. Urb Los Jazmines IV Etapa Callao Peru	Golden Medical Tech S.A.C Av. Bertello Mz. Q Lt 12. Urb Los Jazmines IV Etapa Callao Peru	Contact Tel	: 0051016375585
		Account	00006297
		Customer Reference	N001-2024
		Date	02 Apr 2024
		Priority	3
		Valid until	: 03 May 2024
		Priced In	US Dollars

Proforma Invoice MVM149109

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CIP Carriage and Insurance Paid To Callao, Peru * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1410000 Tariff 90318080-00 CoO U.K.	Foetal Heart Simulator V1000	1	599.70		599.70
0013110 Tariff 90319000-00	Carrying Case for Foetal Heart Simulator V1000	1	56.00		56.00
1420001 Tariff 90319000-00	Case Protector for V1000 Foetal Heart Simulator.	1	31.40		31.40
Bank Charges	Bank Charges	1	70.00		70.00
INS	Insurance	1	12.50		12.50
PPUPS7	UPS Courier Delivery - Express Saver	1	62.16		62.16
	32 x 26 x 12cm 1.5kg				

Total Net: 831.76
Total Vat: 0.00
Total: 831.76

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