

Viamed Ltd
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Viamed Ltd



| | | | |
|-------------------------|-------------------|--------------------|-----------------|
| Delivery Address | Invoice Address | Contact Name | : Chris Hemsley |
| Cleveland Clinic London | Northern Agencies | Contact Tel | : 07972343766 |
| FAO: Mustafa Ahmed | Chris Hemsley | Account | CID26595 |
| 33 Grosvenor Place | 5 Hope Road | Customer Reference | VIAWEB1084 |
| London | Edale | Date | 26 Jun 2024 |
| SW1X 7HY | Hope Valley | Priority | 3 |
| Kingdom | S33 7ZF | Valid until | : 27 Jul 2024 |
| | | Priced In | UK Pounds |

Proforma Invoice MVM150772

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

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

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|----------------|---------------------------------|----------|-------|----------|--------|
| 0110560 | Oxygen Sensor OOM111 | 3 | 72.00 | 14.40 | 259.20 |
| PPUPS1 | UPS Courier Delivery - Standard | 1 | 0.00 | 0.00 | 0.00 |

| | |
|------------|--------|
| Total Net: | 216.00 |
| Total Vat: | 43.20 |
| Total: | 259.20 |

Banking details
Bank BIC
Sort Code Barclays Bank PLC
Account Number 20-78-42
IBAN 00906662
BIC GB05BUKB20784200906662
Terms and conditions BUKBGB22
<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.