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Viamed Ltd



Delivery Address

Estron Medical Services
32 4th Avenue
Boston
Cape Town
7530
South Africa

Invoice Address

Estron Medical Services
PO Box 239
Goodwood
7459
South Africa

Contact Name Contact Tel

: Greg Esterhuysen
: 0027219452297

Account

00007043

Customer Reference

PO100540

Date

07 Oct 2024

Priority

3

Valid until

: 03 Nov 2024

Priced In

US Dollars

Proforma Invoice MVM152575

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CIP Carriage and Insurance Paid To Estron Medical, South Africa * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0212011 Tariff 90181990-00 CoO E.U.	Temperature Probe Oesophageal/Rectal - Adult 6.35mm (1/4 inch) jack (mono) Diameter: 4 mm Model Ref: 2011	50	50.00		2,500.00
Bank Charges	Bank Charges	1	25.00		25.00
INS	Insurance	1	25.00		25.00
PPUPS7	UPS Courier Delivery - Express Saver 36 x 36 x 36 cm 5.0 kg	1	104.09		104.09

Total Net: 2,654.09
Total Vat: 0.00
Total: 2,654.09

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.