Viamed Ltd
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VAT Reg No: GB287389593
Company Reg No: 01291765
Eori No: GB287389593000

Viamed Ltd

Delivery Address

Prosit
41 Filotheis Street
Neo Irakleio Attikis
Athens
14122
Greece

Invoice Address

Prosit
41 Filotheis Street
Neo Irakleio Attikis
Athens
14122
Greece
VAT EL035905138

Contact Name : Alexandrou Dimosthenis
Contact Tel : 00306945933412

Account 00007392
Customer Reference 18072551SL
Date 18 Jul 2025
Priority 3
Valid until : 18 Aug 2025
Priced In Euros

Proforma Invoice MVM157996

CIP Carriage and Insurance Paid To Prosit, Greece * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114016 Tariff 90181990-00 CoO China	NeoMask Neonatal Phototherapy Mask Model: Type III - Medium. Pack of 20.	10	34.30	0.00	343.00
1114015 Tariff 90181990-00 CoO China	NeoMask Neonatal Phototherapy Mask Model: Type III - Large. Pack of 20.	4	34.30	0.00	137.20
INS	Insurance	1	11.50	0.00	11.50
PPUPS6	UPS Courier Delivery - Standard 36 x 36 x 36 cm 2.5 kg	1	21.19	0.00	21.19

Total Net: 512.89
Total Vat: 0.00
Total: 512.89

Banking details BIC
Bank Barclays Bank
Sort Code 20-78-42
Account Number 87399700
IBAN GB33BUKB20784287399700
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.
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.