

Viamed Ltd
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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 : Greg Esterhuysen
Contact Tel : 0027219452297

Account 00007043
Customer Reference PO100580
Date 05 Sep 2025
Priority 3

Valid until 18 Sep 2025
Priced In US Dollars

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Proforma Invoice MVM158511

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
1410000 Tariff 90318080-00 CoO U.K.	Foetal Heart Simulator V1000 Due Date 18 Aug 2025	1	599.70	0.00	599.70
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 Due Date 18 Aug 2025	30	50.00	0.00	1,500.00
BC	Bank Charges	1	25.00	0.00	25.00
INS	Insurance	1	21.00	0.00	21.00
PPUPS7	UPS Courier Delivery - Express Saver 36 x 36 x 36 cm 7.50 kg	1	104.74	0.00	104.74

Total Net: 2,250.44
Total Vat: 0.00
Total: 2,250.44

Banking details
Bank BIC
Sort Code Barclays Bank
Account Number 20-78-42
IBAN 89771244
BIC GB82BUKB20784289771244
Terms and conditions BUKGB22
<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.