

Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
Tel: +44 (0) 1535 634542
Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
Eori No: GB287389593000

Viamed Ltd



Delivery Address

SUCH -Servico de Utilizacao
Comum Dos Hosp Armazem Lisboa
Parque De Saude De Lisboa
53 Av. Brasil Pavilhao 33-A
Lisbon
1749-003
Portugal

Invoice Address

SUCH - Servico De Utilizacao
Comum Dos Hospitais
Avenida Do Brasil
53 Pavilhao 33A
Lisbon
1749-003
Portugal
VAT PT500900469

Contact Name : Maria Joao Pereira
Contact Tel : 00351239798685

Account 00007138
Customer Reference NE2025/42677
Date 25 Sep 2025
Priority 3

Valid until 23 Oct 2025
Priced In Euros

Proforma Invoice MVM159146

CIP Carriage and Insurance Paid To SUCH Hospitais, Portugal * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110049 Tariff 90271090 CoO Germany	Viamed Oxygen Sensor R-49V	15	36.00	0.00	540.00
INS	Insurance	1	11.50	0.00	11.50
PPUPS6	UPS Courier Delivery - Standard	1	16.17	0.00	16.17
	32 x 24 x 24cm 1.5kg				

Total Net: 567.67
Total Vat: 0.00
Total: 567.67

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