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Viamed Ltd

**Delivery Address**

Samso
UI Rozana 1c/1
Koszalin
75-220
Poland

Invoice Address

Samso
UI Rozana 1c/1
Koszalin
75-220
Poland
VAT PL4990354962

Contact Name : Grzegorz Nadolny
Contact Tel : 48943420640

Account CID31413
Customer Reference 106/11/2025
Date 05 Nov 2025
Priority 3

Valid until 06 Dec 2025
Priced In Euros
Page 1

Proforma Invoice MVM159987

CIP Carriage and Insurance Paid To Samso, Poland * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1410000 Tariff 90318080-00 CoO U.K.	Foetal Heart Simulator V1000	1	514.10	0.00	514.10
INS	Insurance	1	11.50	0.00	11.50
PPUPS6	UPS Courier Delivery - Standard	1	16.04	0.00	16.04
	32 x 24 x 12cm 1.2kg				

Total Net: 541.64
Total Vat: 0.00
Total: 541.64

Banking details
Bank BIC
Sort Code 20-78-42
Account Number 87399700
IBAN GB33BUKB20784287399700
BIC BUKGBB22
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.