

Viamed Ltd
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BD20 7DT, United Kingdom
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Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
Eori No: GB287389593000

Viamed Ltd



Delivery Address

Inspira d.o.o.
Pot Na Labar 9
Ljubljana
1000
Slovenia

Invoice Address

Inspira D.o.o.
Pot Na Labar 9
Ljubljana
1000
Slovenia
VAT SI21299285

Contact Name Contact Tel

: Mateja Cepon
: 0038682052973

Account Customer Reference Date Priority

CID25631
25-0238
12 Nov 2025
3

Valid until Priced In

13 Dec 2025
Euros
Page 1

Proforma Invoice MVM160126

CIP Carriage and Insurance Paid To Inspira, Slovenia * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	40	48.40	0.00	1,936.00
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	30	48.40	0.00	1,452.00
INS	Insurance	1	33.88	0.00	33.88
PPUPS6	UPS Courier Delivery - Standard 1 x 61x47x47cm :9kg 1 x 61x47x25cm :5kg	1	36.75	0.00	36.75

Total Net: 3,458.63
Total Vat: 0.00
Total: 3,458.63

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