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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Moussa Kleit
Airgaz Cote Dlvoire 388 Rue Jean Pal Yao Virdi Zone Industrielle Abidjan 15 BP619 Cote Dlvoire	Afrimed FZ-LLC B01_G16 Service Block Al Hulaida Industrial Zone Fz Rak United Arab Emirates	Contact Tel	: 2250151737353
		Account	CID25770
		Customer Reference	FZE1106
		Date	21 Jan 2026
		Priority	3
		Valid until	21 Feb 2026
		Priced In	US Dollars

Proforma Invoice MVM161340

CIP Carriage and Insurance Paid To Airgaz, Cote Dlvoire * 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
0111248 Tariff 9027109000	Maxtec Handi N2 Nitrogen Analyzer with integral sensor Ref. R218P05	5	313.50	0.00	1,567.50
0111249 CoO United States	Maxtec Handi Industrial Oxygen Analyser with integral sensor Ref. R218P15	2	173.00	0.00	346.00
Bank Charges	Bank Charges	1	25.00	0.00	25.00
INS	Insurance	1	19.14	0.00	19.14
PPUPS7	UPS Courier Delivery - Express Saver	1	153.78	0.00	153.78
	36 x 36 x 36cm 4.5kg				

Total Net:	2,111.42
Total Vat:	0.00
Total:	2,111.42

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