



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

EMAC SRL
 C/O Gesped S.A.S
 Via Pionieri E Aviatori D`italia SN
 Genova
 16154
 Italy

Invoice Address

EMAC SRL
 Via Larga 23
 Milano
 20122
 Italy

**Contact Name
 Contact Tel**

: Ilaria Dellepiane
 : 0103290411

**Account
 Customer Reference
 Date
 Priority**

CID31425
 AOR26-0148
 26 Feb 2026
 3

**Valid until
 Priced In**

29 Mar 2026
 Euros
 Page 1

Proforma Invoice MVM162088

CIP Carriage and Insurance Paid To EMAC Srl, Italy * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : aqib.majeed@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	4	48.40	0.00	193.60
1114006 Tariff 63079095 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02	5	48.40	0.00	242.00
1114007 Tariff 63079095 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03	2	48.40	0.00	96.80
INS	Insurance	1	11.50	0.00	11.50
PPUPS6	UPS Courier Delivery - Standard 32 x 32 x 32cm 2.2kg	1	21.71	0.00	21.71

Total Net: 565.61
Total Vat: 0.00
Total: 565.61

Banking details BIC
 Bank Barclays Bank
 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.