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Viamed Ltd

Delivery Address	Invoice Address	Contact Name	: Aneta Szubarga
EMS-Euromed Medical Solution	EMS-Euromed Medical Solution	Contact Tel	: 0048618439059
Sp. Z O.o.	Sp. Z O.o.	Account	00006582
Ul. Grunwaldzka 137	Ul. Grunwaldzka 137	Customer Reference	SRS69372
Poznan	Poznan	Date	02 Mar 2026
60-313	60-313	Priority	7
Poland	Poland	Valid until	02 Apr 2026
	VAT PL7811757396	Priced In	Euros

Proforma Invoice MVM162137

CIP Carriage and Insurance Paid To Euromed Medical Solution, Poland * Incoterms(R) 2020

Page 1

Your Viamed Contact for this Proforma Invoice : cathy.green@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1480000 Tariff 9018199000 CoO United Kingdom	V1000 Foetal Heart Simulator Service and Functional Check	1	56.70	0.00	56.70
	S/N:PR02968A11 SRS69372 SRN38554				
1430309 Tariff 9031808000 CoO United Kingdom	V1000 Transducer Interface Cushion	1	0.00	0.00	0.00
	SRS69372 SRN38554				
INS	Insurance	1	11.50	0.00	11.50
PPUPS6	UPS Courier Delivery - Standard	1	16.72	0.00	16.72
	32x24x14cm 1.20kg				

Total Net:	84.92
Total Vat:	0.00
Total:	84.92

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.