

Viamed Ltd
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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Greg Esterhuysen
Estron Medical Services 32 4th Avenue Boston Cape Town 7530 South Africa	Estron Medical Services PO Box 239 Goodwood 7459 South Africa	Contact Tel	: 0027219452297
		Account	00007043
		Customer Reference	PO100602
		Date	05 Mar 2026
		Priority	3
		Valid until	05 Apr 2026
		Priced In	US Dollars

Proforma Invoice MVM162219

CIP Carriage and Insurance Paid To Estron Medical, South Africa * Incoterms 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0212011 Tariff 90181990-00 CoO E.U.	Temperature Probe Oesophageal/Rectal - Adult 6.35mm (1/4 inch) jack (mono) Diameter: 4 mm Model Ref: 2011	27	50.00	0.00	1,350.00
0110017 Tariff 901920900 CoO United States	Teledyne Sensor R-17MED	5	47.90	0.00	239.50
Bank Charges	Bank Charges	1	25.00	0.00	25.00
INS	Insurance	1	15.89	0.00	15.89
PPUPS7	UPS Courier Delivery - Express Saver	1	110.84	0.00	110.84

36 x 36 x 25 cm
5.50 kg

Total Net: 1,741.23
 Total Vat: 0.00
 Total: 1,741.23

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.