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Viamed Ltd

Delivery Address	Invoice Address	Contact Name	: Dimitrios Charalambidis
XHALE S.A.	XHALE S.A.	Contact Tel	: 306937111915
C/O Apostolos Atsalakis	C/O Apostolos Atsalakis	Account	00006401
Tatoiou 4A And Othonos 77	Tatoiou 4A And Othonos 77	Customer Reference	20260323KG
Kifissia 145 61	Kifissia 145 61	Date	23 Mar 2026
Athens	Athens	Priority	3
14561	14561	Valid until	23 Apr 2026
Greece	Greece	Priced In	Euros
	VAT EL800753522		Page 1

Proforma Invoice MVM162534

CIP Carriage and Insurance Paid To Xhale SA, Greece * Incoterms 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110081 Tariff 9019209000 CoO United States	Teledyne Oxygen Sensor UFO 130-2	100	142.70	0.00	14,270.00
0140060	Output assessment of UFO 130-2 oxygen sensor	100	2.00	0.00	200.00
INS	Insurance	1	142.70	0.00	142.70
PPUPS7	UPS Courier Delivery - Express Saver	1	53.00	0.00	53.00
	36 x 36 x 36 cm				
	7.20 kg				

Total Net: 14,665.70
 Total Vat: 0.00
 Total: 14,665.70

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.