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Viamed Ltd

Delivery Address
 Farla Medical Healthcare
 Loading Bay 1
 Old Bay House
 River Road Discovery Park
 Sandwich
 Kent
 CT13 9FN

Invoice Address
 Farla Medical Healthcare
 4 Imperial Place
 Maxwell Road
 Borehamwood
 WD6 1JN

Contact Name : Danny Cohen
 Contact Tel : 03451935193

Account CID11632
 Customer Reference PO202521
 Date 20 Apr 2026
 Priority 3

Valid until 21 May 2026
 Priced In UK Pounds

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Proforma Invoice MVM163055

CIP Carriage and Insurance Paid To Farla Medical, UK * Incoterms 2020

Your Viamed Contact for this Proforma Invoice : aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	10	44.20	8.84	530.40
PPUPS1	UPS Courier Delivery - Standard	1	12.00	2.40	14.40

Total Net: 454.00
 Total Vat: 90.80
 Total: 544.80

Banking details BIC
 Bank Barclays Bank PLC
 Sort Code 20-78-42
 Account Number 00906662
 IBAN GB05BUKB20784200906662
 BIC BUKBGB22
 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.