

Viamed Ltd
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Viamed Ltd



Delivery Address

E-Medical BV
De Overmaat 33 D
Arnhem
6831 AE
Netherlands

Invoice Address

E-Medical BV
De Overmaat 33 D
Arnhem
6831 AE
Netherlands

Contact Name : Bas Van Balen
Contact Tel : 0306622700

Account CID37151
Customer Reference 11052994AM
Date 18 May 2026
Priority 3

Valid until 17 Jun 2026
Priced In Euros

Proforma Invoice MVM163472

CIP Carriage and Insurance Paid To E-Medical, Netherlands * Incoterms 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1410000 Tariff 90318080-00 CoO U.K.	Foetal Heart Simulator V1000	9	514.10	0.00	4,626.90
INS	Insurance	1	46.27	0.00	46.27
PPUPS6	UPS Courier Delivery - Standard	1	18.00	0.00	18.00
	36 x 36 x 36cm 10.2kg				

Total Net: 4,691.17
Total Vat: 0.00
Total: 4,691.17

Banking details BIC
Bank Barclays Bank
Sort Code 20-78-42
Account Number 87399700
IBAN GB33BUKB20784287399700
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.