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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Mateja Cepon
Inspira d.o.o.	Inspira D.o.o.	Contact Tel	: 0038682052973
Pot Na Labar 9	Pot Na Labar 9	Account	CID25631
Ljubljana	Ljubljana	Customer Reference	26-0139
1000	1000	Date	21 May 2026
Slovenia	Slovenia	Priority	3
	VAT SI21299285	Valid until	21 Jun 2026
		Priced In	Euros
			Page 1

Proforma Invoice MVM163693

CIP Carriage and Insurance Paid To Inspira, Slovenia * Incoterms 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	35	48.40	0.00	1,694.00
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	10	48.40	0.00	484.00
INS	Insurance	1	21.78	0.00	21.78
PPUPS6	UPS Courier Delivery - Standard 61 x 47 x 47 cm 9.0 kg	1	29.00	0.00	29.00
				Total Net:	2,228.78
				Total Vat:	0.00
				Total:	2,228.78

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.