Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
Tel: +44 (0) 1535 634542
Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
Eori No: GB287389593000

Viamed Ltd

Delivery Address

Inspira d.o.o.
Pot Na Labar 9
Ljubljana
1000
Slovenia

Invoice Address

Inspira D.o.o.
Pot Na Labar 9
Ljubljana
1000
Slovenia
VAT SI21299285

Contact Name : Mateja Cepon
Contact Tel : 0038682052973

Account CID25631
Customer Reference 26-0207
Date 10 Aug 2026
Priority 3

Valid until 10 Sep 2026
Priced In Euros

Proforma Invoice MVM165194

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	40	48.40	0.00	1,936.00
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	25	48.40	0.00	1,210.00
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	5	48.40	0.00	242.00
INS	Insurance	1	33.88	0.00	33.88
PPUPS6	UPS Courier Delivery - Standard 1 x 61x47x47cm 9kg 1 x 61x47x25cm 5kg	1	42.00	0.00	42.00

Total Net: 3,463.88
Total Vat: 0.00
Total: 3,463.88

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