

Invoice Address
 Medisyst Limited
 Vision Plaza 36 First Floor
 Mombasa Road
 P O Box 6572 City Square
 Nairobi Kenya
 00200

Supplier
 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



Contact Name Kennedy Watanga
 Contact Tel 0025420788580
 Account 00007309
 Customer Reference 27022484KG
 Date 28 Feb 2024
 Tracking Number 1Z9W96386877607301
 Priced In US Dollars

Invoice RVM148493-1

Delivery Address
 Jambo Cargo Limited
 Access House
 1 Nestle Avenue
 Hayes
 London
 UB3 4UZ

CIP Carriage and Insurance Paid To London, UK * Incoterms(r) 2020

Delivery Reference DVM148493-1 Contact kate.griffiths@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|---|---|----------|-------|----------|----------|
| 1114005 Tariff 9018199000 CoO United States | EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20 | 25 | 50.80 | 0.00 | 1,270.00 |
| 1114006 Tariff 9018199000 CoO U.S.A. | EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20 | 5 | 50.80 | 0.00 | 254.00 |
| Bank Charges | Bank Charges | | 25.00 | 0.00 | 25.00 |
| PPUPS1 | UPS Courier Delivery - Standard 61 x 47 x 25cm 5.70kg AWB:1Z9W96386877607301 | | 27.59 | 0.00 | 27.59 |

Total Net: 1,576.59
 Total Vat: 0.00
 Total: 1,576.59

Banking details
 Bank Barclays Bank
 Sort Code 20-78-42
 Account Number 89771244
 IBAN GB82BUKB20784289771244
 BIC BUKGB22
 Terms & conditions <https://www.viamed.co.uk/terms>

Terms: Net 30 days from date of invoice.
 Full invoice 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.