Invoice Address

Estron Medical Services

PO Box 239 Goodwood 7459

South Africa

Delivery Address

32 4th Avenue Boston Cape Town

7530 South Africa

Estron Medical Services

Supplier Viamed Ltd 15 Station Road Cross Hills

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 Greg Esterhuysen 0027219452297 Contact Tel 00007043 Account PO100580 **Customer Reference** Date 12 Sep 2025

Tracking Number 1Z9W96380477104858

Priced In **US Dollars**

Invoice RVM158511-1 Paid

CIP Carriage and Insurance Paid To Estron Medical, South Africa * Incoterms(r) 2020

Delivery Reference DVM158511-1 Contact kate.griffiths@viamed.co.uk Item Reference Description Unit Vat Quantity Unit Total 1410000 Foetal Heart Simulator V1000 1 599.70 0.00 599.70 Tariff 90318080-00 CoO U.K. S/N:PR03812A14 0.00 0212011 Temperature Probe 30 50.00 1.500.00

Tariff 90181990-00 Oesophageal/Rectal - Adult CoO E.U. 6.35mm (1/4 inch) jack (mono)

> Diameter: 4 mm Model Ref: 2011

S/N:2501103954-2501103970,2501109482-2501109491

2501109892-2501109894

BC **Bank Charges** 25.00 0.00 25.00 INS 21.00 0.00 21.00 Insurance

PPUPS7 **UPS Courier Delivery - Express Saver** 104.74 0.00 104.74

36 x 36 x 36 cm

7.50 kg

AWB:1z9w96380477104858

Total Net: 2.250.44

Total Vat: 0.00

Total: 2,250.44

Banking details

Barclays Bank Bank Sort Code 20-78-42 89771244 Account Number

IBAN GB82BUKB20784289771244

Terms & conditions https://www.viamed.co.uk/terms

BUKBGB22

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.

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.

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