Invoice Address HCA Accounts Payable Accounts Payable 2 Cavendish Square London W1G 0PU

Delivery Address Portland Hospital Materials Department Hallam Street (Hospital Rear) London

W1W 5HG

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

Carl Fraser Contact Name 02073908025 Contact Tel 00002939 Account Customer Reference 359429 Date 14 Oct 2025

Tracking Number 1Z9W96386877297245

Priced In **UK Pounds**

Invoice RVM159529-1

CIP Carriage and Insurance Paid To The Portland Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM159529-1 Contact agib.majeed@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|--|--|----------|-------|----------|-------|
| 1114006 Tariff 9018199000 CoO Mexico | EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20 | ie 1 | 56.70 | 11.34 | 68.04 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386877297245 | | 8.00 | 1.60 | 9.60 |

Total Net: 64.70 Total Vat: 12.94 Total: 77.64

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN GB05BUKB20784200906662

BIC BUKBGB22
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 7 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.