

Invoice Address  
 Royal Free London NHSFT  
 Accounts Payable Finance Department  
 Enfield Civic Centre (10th Floor)  
 Silver Street  
 Enfield  
 EN1 3ES

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 Procurement  
 Contact Tel 02033221935  
 Account 00003070  
 Customer Reference RFG032610  
 Date 03 Feb 2026  
 Tracking Number 1Z9W96386877442999  
 Priced In UK Pounds

## Invoice RVM161435-1

Delivery Address  
 North Middlesex University Hospital  
 ATX231 Maternity And Transitional  
 Care C105 - Receipt and Deliv Refurb  
 Sterling Way  
 London  
 N18 1QX

CIP Carriage and Insurance Paid To North Middlesex Uni Hospital, UK \* Incoterms(r) 2020

Delivery Reference DVM161435-1 Contact aqib.majeed@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	1	56.70	11.34	68.04
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877442999		10.00	2.00	12.00

Total Net: 123.40  
 Total Vat: 24.68  
 Total: 148.08

Banking details  
 Bank Barclays Bank PLC  
 Sort Code 20-78-42  
 Account Number 00906662  
 IBAN GB05BUKB20784200906662  
 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 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.