

Invoice Address
 Southern Health and Social Care Trust
 Shared Services Payment Centre
 PO Box 1048
 Ballymena
 BT42 9BY

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: Holly Smyth
 Contact Tel: 02895361534
 Account: 00003845
 Customer Reference: CP06874
 Date: 20 Feb 2026
 Tracking Number: 1Z9W96386876091638
 Priced In: UK Pounds

Invoice RVM161909-1

Delivery Address
 Daisy Hill Hospital
 Receipt and Distribution Centre
 5 Hospital Road
 Newry
 Co Down
 BT35 8DR

CIP Carriage and Insurance Paid To Daisy Hill Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM161909-1 Contact sophie.lines@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|---|-------------------------------------|----------|-------|----------|-------|
| 0121181 | Viamed `V` Mount Pole Clamp - Small | 2 | 37.50 | 7.50 | 90.00 |
| CoO United Kingdom 0121182 Tariff 90181990-00 CoO United Kingdom PPUPS2 | Viamed `V` Mount Pole Clamp - Large | 2 | 40.10 | 8.02 | 96.24 |
| | UPS Courier Delivery - Standard | | 8.59 | 1.72 | 10.31 |
| | 23 x 15 x 15 cm | | | | |
| | 1 kg | | | | |
| | AWB:1Z9W96386876091638 | | | | |

Total Net: 163.79
 Total Vat: 32.76
 Total: 196.55

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