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

Viamed Ltd



Delivery Address

Hong Kong

Goodman Medical Supplies Ltd Unit A 4/F Roxy Industrial Centre No. 58-66 Tai Lin Pai Road Kwai Chung N.T.

Invoice Address

Goodman Medical Supplies Ltd Unit C 6/F Block 2 Camelpaint Building 62 Hoi Yuen Road Kwun Tong

Kowloon Hong Kong Contact Name Contact Tel

: Calvin Huang : 85224182339

Account Customer Reference Date

00007693 PO-TD2511026 28 Nov 2025

Priority

Valid until Priced In

29 Dec 2025 **US Dollars** Page 1

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Proforma Invoice MVM160298

EXW Ex Works Viamed, UK * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice: kate.griffiths@viamed.co.uk

Unit Vat Item Reference Description Quantity Unit Total EyeMax 2 Neonatal Phototherapy Mask - Regular 0.00 101.60 1114005 50.80 Tariff 9018199000 Ref. R300P01 CoO Mexico Pack of 20 101.60 1114006 EyeMax 2 Neonatal Phototherapy Mask - Premie 2 50.80 0.00 Tariff 9018199000 Ref. R300P02 CoO Mexico Pack of 20 **EXW** Delivery: EXW - Viamed, UK (Incoterms 2020) 0.00 0.00 0.00 Consigned to:

DHL Acc: 954-809-159

Total Net: 203.20 Total Vat: 0.00 Total: 203.20

Banking details Bank Sort Code Account Number IBAN

BIC Barclays Bank 20-78-42 89771244 GB82BUKB20784289771244 BIC BUKBGB22
Terms and conditions https://www.viamed.co.uk/terms

Full proforma 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. Proforma Valid for 30 days only. Viamed Ltd reserves the right to add an administration fee to the Proforma if multiple changes are requested.