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Viamed Ltd



Delivery Address

Universitätsklinikum Tübingen
 Univ. Frauenklinik
 HWL Für Neo (Eltrenzimmer)
 Calwerstr. 7
 Tübingen
 72076
 Germany

Invoice Address

Universitätsklinikum Tübingen
 Postfach 2669
 Tübingen
 72016
 Germany

Contact Name

Contact Tel

: Max Sydow
 : 070712983635

Account

Customer Reference

Date

Priority

CID35239

4502611429

24 Nov 2025

3

Valid until

Priced In

24 Dec 2025

Euros

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Proforma Invoice MVM160308

CIP Carriage and Insurance Paid To Univ Tübingen, Germany * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110021 Tariff 9019209000 CoO Germany	Viamed Oxygen Sensor R-22MEDV	4	47.60	0.00	190.40
INS	Insurance	1	11.50	0.00	11.50
PPUPS6	UPS Courier Delivery - Standard	1	13.45	0.00	13.45
	23 x 15 x 15 cm				
	0.40 kg				

Total Net: 215.35
 Total Vat: 0.00
 Total: 215.35

Banking details

Bank
 Sort Code
 Account Number
 IBAN
 BIC
 Terms and conditions

BIC

Barclays Bank
 20-78-42
 87399700
 GB33BUKB20784287399700
 BUKGB22
<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.