

Viamed Ltd  
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# Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: William W Omolo
Jambo Cargo Limited	Medisyst Limited	Contact Tel	: 0025420788580
Access House	Vision Plaza 36 First Floor	Account	00007309
1 Nestle Avenue	Mombasa Road	Customer Reference	09042684KG
Hayes	P O Box 6572 City Square	Date	09 Apr 2026
London	Nairobi	Priority	3
UB3 4UZ	Kenya	Valid until	10 May 2026
	00200	Priced In	US Dollars

## Proforma Invoice MVM162839

CIP Carriage and Insurance Paid To London, UK \* Incoterms 2020

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Your Viamed Contact for this Proforma Invoice : kate.griffiths@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	30	53.50	0.00	1,605.00
Bank Charges	Bank Charges	1	25.00	0.00	25.00
PPUPS1	UPS Courier Delivery - Standard  61 x 47 x 33 cm 5.50 kg	1	29.96	0.00	29.96

Total Net:	1,659.96
Total Vat:	0.00
Total:	1,659.96

Banking details BIC  
 Bank Barclays Bank  
 Sort Code 20-78-42  
 Account Number 89771244  
 IBAN GB82BUKB20784289771244  
 BIC BUKGB22  
 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.