

Delivery address
Roger Smith
Leicester Royal Infirmary
Neonatal Unit
Infirmary Square
Leicester
LE1 5WW

Sale or Return Goods SOR939

Barcode	Serial Number	Stock Ref	Description
836911	SE006	0380030	Tom Thumb Infant Resuscitator.
836912	SE007	0380030	Tom Thumb Infant Resuscitator.
836913	SE008	0380030	Tom Thumb Infant Resuscitator.

MIA CALL-OFF AGREEMENT

Note: An Authority should not enter into an MIA Call-Off Agreement unless either:

(i) There is a current Overarching Master Indemnity Agreement with current insurance in place, as evidenced by the fact that the Supplier is on Master Indemnity Agreement Register with current insurance that can be viewed at: <https://www.gov.uk/government/publications/master-indemnity-agreement-mia>; or

(ii) In exceptional circumstances for reasons of urgency where it is not possible for the Supplier to enter into an Overarching Master Indemnity Agreement prior to the delivery of the Equipment or where the insurance is not current and where the Authority itself has carried out its own checks and confirmed that the Supplier has appropriate current public liability and product liability insurance in place in respect of public liability and product liability covering the Equipment with the minimum cover per claim of five million pounds (GBP) (£5,000,000) in accordance with the requirements of the Master Indemnity Agreement Terms and Conditions (August 2016)

Company Name: ("Supplier")	Viamed Ltd		
Address:	15 Station Road, Cross Hills, Keighley, West Yorkshire		
	Postcode:	BD20 7DT	
Contact Name:	Steve Hardaker		
Contact E-Mail:	steve.hardaker@viamed.co.uk		
Telephone No.:	01535 634542		
Company Registration Number (i.e. the registration number of the Company at Companies House or other relevant national companies registry):	01291765		
Is there an Overarching Master Indemnity Agreement in place with current insurance? If yes, state "Yes" and insert the MIA number here. If not, state "No":	DHMIA/1588/16		
This box only requires completing where there is no Overarching Master Indemnity Agreement in place with current insurance. In these circumstances, the Authority should check that the insurance requirements have been met as per the note in red above and state "Insurances Checked by the Authority" here.			

Delivery Date:	08 December 21	(being the date of delivery of the Equipment to the Authority)	
Authority:	Leicester Royal Infirmary		
Authority Address:	Neonatal Unit Infirmary Square		
	Leicester	Postcode:	LE1 5WW
Authority Contact Name:	Roger Smith		
Authority Contact E-Mail:	roger.smith@uhl-tr.nhs.uk		
Authority Telephone No.:	0116 258 6487		
The Equipment to be supplied by the Supplier to the Authority			
Type of Equipment and its purpose:	Tom Thumb Infant Resuscitator. Infant resuscitator		

COLLECTION CONFIRMATION RECEIPT (for Equipment on loan only)
To be completed at the point the Equipment is collected by the Supplier.

Without prejudice to the Authority's rights under this MIA Call-Off Agreement in relation to any outstanding obligations and/or liabilities of the Supplier, the Authority confirms collection by the Supplier, and the Supplier confirms receipt, of the Equipment detailed on the front page of this MIA Call-Off Agreement:

Date of Collection:	
SIGNED on behalf of the Authority:	
Name and position:	
Date:	
SIGNED on behalf of the Supplier:	
Name and position:	
Date:	