



A. UNIVERS TRANSIT LTD.

CONTACT INFORMATION FORM

When you ask us to take care of your relocation we kindly request you to fill in this form and return it to us.

Client <i>Yoav Yaari</i>	Account	Job number
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Loading address / details		Address of destination / details	
<i>Derech Haganim 17 Kfar Shmaryahu Israel</i>		<i>16 Avenue du Président Kennedy 75016 PARIS France</i>	
Phone 1		Phone 1	<i>+33 7 87 15 63 04 (Yoav)</i>
Phone 2		Phone 2	<i>+1 (510) 508-7140</i>
Phone cell		Phone cell	
Facsimile		Facsimile	
Email (very important)		Email (very important)	<i>yoav.yaari@gmail.com</i>
Date you depart from this address		Date you arrive at this address	

It is very important that we (or our agent) know where we can reach you during transit of your shipment. Please advise details below. You can, for instance, also give us the address of an employer or relatives where you will be staying.

Contact address / details 1)		Contact address / details 2)	
<i>Tal Niv 16 Avenue du Président Kennedy 75016 PARIS France</i>		<i>Avishai Yaari PARIS</i>	
Phone 1	<i>+33 6 42 31 45 15 (Tal)</i>	Phone 1	<i>+33 7 82 11 24 78 (Avishai)</i>
Phone 2		Phone 2	
Phone cell		Phone cell	
Facsimile		Facsimile	
Email (very important)	<i>tal.niv@gmail.com</i>	Email (very important)	
We can reach you at this address from - till		We can reach you at this address from - till	

Request date(s) of loading	
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Timing of shipping of your goods	A.S.A.P. AFTER PACKING	AT MY CALL	ON A CERTAIN DATE:
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Service requested			FULL-SERVICE INTO NEW RESIDENCE
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Place	Date	Signature