

Shipper

DAVIDOVSKY YAN
BALFOUR 25
ASHKELON

HOUSE BILL OF LADING # 308022

A. UNIVERS TRANSIT LTD.

ASHDOD 77140, ISRAEL

TEL: 972-8-8563145 FAX: 972-8-8563387
Web-Site: www.univers-transit.co.il

Consignee

DAVIDOVSKY YAN
Unit 37-8430 203A st, Langley,
British Columbia,
Canada

RECEIVED in apparent good order and
condition except as otherwise noted
the total number of containers or
other packages or units enumerated
below.

Notify

Brytor International Moving
8375 rue Bombardier
Anjou, Quebec H1J1A5 Canada
Contact: Amed Tala
Email: amed@ims.brytor.ca

FOR DELIVERY PLEASE APPLY TO:

BRYTOR INTERNATIONAL MOVING
11111 TWIGG PL #1019
RICHMOND. BC. V6V 3C9

Vessel

Port-of-Load.

MSC BEIJING 519 HAIFA

905-5648855

Port-of-Discharge

MONTREAL, QU

905-5648841

Final-Destination

Org/Cpy

Freight payable at
ORIGIN\ PP

Bills of Lading: COPY

Marks & Numbers	Number	Kind	Descr. of Goods	Weight	Volume
DAVIDOVSKY YAN	2	PALLET	USED HOUSEHOLD GOODS EXPRESS WAYBILL	292	2.79
TOTAL	2		TOTAL	292.00	2.79

Remarks :

12/05/25

A. UNIVERS TRANSIT

Date

Stamp & Signature

שים לב - פרט לחתימה אין רשי לרשום בעצם דבר בדרכו זה

דֵשֶׁם בְמַלְאוֹן

או השם הקודם

*Name in full
or former name _____

שם נערות _____ Maiden name _____

הדריכון תקף ל כל הארץות All countries Passport valid for

Signature of bearer

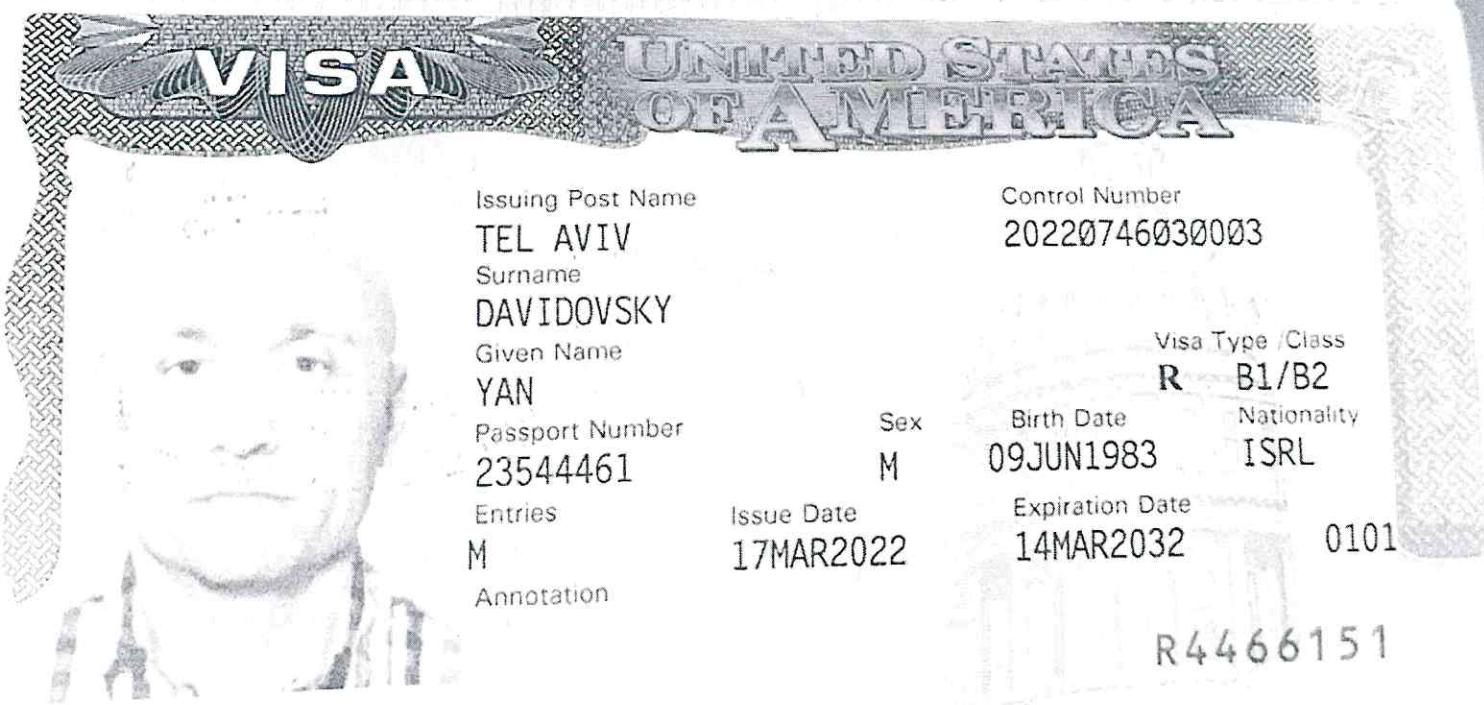
חתימת בעל הרכbow

On receipt of passport
sign here 



בקבלך את הדרכון
חתום כאן 

... amended - see page שונה - ראה עמוד





PACKING INVENTORY

Shipper Name: DAVIDOVSKY YAN
Packing Job Date: 06 May 2025
Origin Address: Israel
Destination Address: Canada



Packed Items

Package#	Item	Comment	Wrapping	Room
1	Clothes		Medium Box	_____
2	Clothes		Medium Box	_____
3	Clothes		Medium Box	_____
4	Clothes		Medium Box	_____
5	Toys		Large Box	_____
6	Toys		Large Box	_____
7	Toys		Large Box	_____
8	Photo Albums		Book/Small Box	_____
9	Clothes		Medium Box	_____
10	Shoes		Medium Box	_____
11	Kitchenware		Book/Small Box	_____
12	Kitchenware		Book/Small Box	_____
13	Kitchenware		Book/Small Box	_____
14	Kitchenware		Book/Small Box	_____
15	Bathroom items		Medium Box	_____
16	photos		Wrapped	_____
17	Clothes		Medium Box	_____
18	Decorations		Wrapped	_____
19	Picture		Flat Box	_____
20	Toys		Large Box	_____
21	skateboard		Wrapped	_____
22	Photo Albums		Book/Small Box	_____
23	Kitchenware		Book/Small Box	_____
24	photos		Wrapped	_____

Total Number of Packages: 24

Shipper Signature on packing

Foreman Signature on packing

Shipper Signature on delivery

Delivery Driver Signature

Shipper: DAVIDOVSKY YAN

06 May 2025

Foreman: Gil Wanderman || AUT

A. Univers Transit Ltd.

Name: _____

Date: _____

Name: _____

Company: _____



Used Boxes Count

Box Type	Quantity
Book/Small Box	7
Flat Box	1
Large Box	4
Medium Box	8
Wrapped	4

Shipper Signature on packing

Shipper: DAVIDOVSKY YAN

06 May 2025

Foreman Signature on packing

Foreman: Gil Wanderman || AUT

A. Univers Transit Ltd.

Shipper Signature on delivery

Name: _____

Date: _____

Delivery Driver Signature

Name: _____

Company: _____



YAN DAVIDOVSKY
625-8111 ANDERSON ROAD
RICHMOND BC V6Y 3Z8
CANADA

Application/Demande: W309238872
UCI/IUC: 1142945744

WORK PERMIT/PERMIS DE TRAVAIL

CLIENT INFORMATION/INFORMATION DU CLIENT

Family Name/Nom de Famille: DAVIDOVSKY
Given Name(s)/Prénom(s): YAN
Date of Birth/Date de naissance: 1983/06/09 (yyyy/mm/dd - aaaa/mm/jj)
Sex/Sexe: Male / Masculin
Country of Birth/Pays de naissance: Union Of Soviet Socialist Rep / Union-Rép. Soc. Soviétiques
Country of Citizenship/Citoyen de: Israel / Israël
Travel Doc. No./N° du document de voyage: 23544461 PASSPORT

ADDITIONAL INFORMATION/INFORMATION SUPPLÉMENTAIRE

Date Issued/Délivré le: 2025/01/09 (yyyy/mm/dd - aaaa/mm/jj)
Expiry Date/Date d'expiration: 2027/03/06 (yyyy/mm/dd - aaaa/mm/jj)
Case Type/Genre de cas: 20
LMIA or Exempt No./N° de l'EIMT ou Dispense:
Employer/Employeur: OPEN/OUVERT
Employment Location/Emplacement de l'emploi: Unknown/Inconnu
Occupation/Profession: OPEN/OUVERT
In Force From/En vigueur le: 2025/01/09 (yyyy/mm/dd - aaaa/mm/jj)

Conditions:

1. NOT AUTHORIZED TO WORK IN CHILDCARE, PRIMARY/SECONDARY SCHOOL TEACHING, HEALTH SERVICE FIELD OCCUPATIONS.
1. PAS AUTORISÉ À EXERCER UN EMPLOI RELIÉ AUX SOINS DES ENFANTS, À L'ENSEIGNEMENT AU PRIMAIRE OU AU SECONDAIRE, AU DOMAINE DE LA SANTÉ.
2. MUST LEAVE CANADA BY 2027/03/06
2. DOIT QUITTER LE CANADA AU PLUS TARD LE 2027/03/06
3. UNLESS AUTHORIZED, PROHIBITED FROM ATTENDING ANY EDUCATIONAL INSTITUTION, OR TAKING ANY ACADEMIC, PROFESSIONAL OR VOCATIONAL TRAINING COURSE.
3. INTERDICTION DE FREQUENTER UN ÉTABLISSEMENT D'ENSEIGNEMENT OU DE SUIVRE UN COURS THÉORIQUE OU PROFESSIONNEL À MOINS D'AVOIR UNE AUTORISATION.
4. NOT VALID FOR EMPLOYMENT IN BUSINESSES RELATED TO THE SEX TRADE SUCH AS STRIP CLUBS, MASSAGE PARLOURS OR ESCORT SERVICES.
4. NON VALIDE POUR UN EMPLOI DANS UNE ENTREPRISE LIÉE AU COMMERCE DU SEXE COMME LES BARS DE DANSEUSES NUÉS, LES SALONS DE MASSAGE OU LES SERVICES D'ESCORTÉ.

Remarks/Observations:

ISRAELI-PALESTINIAN TEMPORARY PUBLIC POLICY TEMPORARY RESIDENT STATUS MAINTAINED AS PER R183(5). DOCUMENT ISSUED TO PASSPORT EXPIRY DATE. MUST BE RENEWED FOR FURTHER EXTENSION.

THIS DOES NOT AUTHORIZE RE-ENTRY/CECI N'AUTORISE PAS LA RÉ-ENTRÉE

THIS FORM HAS BEEN ESTABLISHED BY THE MINISTER OF IMMIGRATION, REFUGEES AND CITIZENSHIP CANADA - THIS DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA
FORMULAIRE ÉTABLI PAR LE MINISTRE DE L'IMMIGRATION, RÉFUGIÉS ET CITOYENNETÉ CANADA - LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA

 Shaded areas for
customs use only**PERSONAL EFFECTS ACCOUNTING DOCUMENT**
(Settler, Former Resident, Seasonal Resident, or Beneficiary)

Accounting Document No. _____

Importer's Name Davidovsky Yan	Cargo Control No. _____
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Importer's Address 37-8430, 203A ST, Langley, BC, Canada	Country of Origin Israel	Country of Export Canada
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Landed Immigrant / Permanent Resident	
Port of Entry	Date of Landing
IMM 1000 No. _____	

Customs Stamp _____

Item	Description of Goods (include serial numbers, if applicable)	Value (CDN Dollars)
1	6 Boxes with clothes	10000
2	4 Boxes with toys	5000
3	3 boxes with photos	NA
4	1 box with shoes	3000
5	5 boxes with kitchenware	5000
6	5 Cartoons with Different	10000
7		
8		

All conveyances MUST be eligible for importation in accordance with Transport Canada requirements.
Vehicle import registration fees may also apply.

Conveyances (make, model, serial number of vehicle, vessel, aircraft, or trailer)		Value (CDN Dollars)	K22 / Vehicle Import Form No.
1			
2			
3			

Additional List of Goods	►	<input type="checkbox"/> Form B4A	<input type="checkbox"/> Mover's Inventory	<input type="checkbox"/> Other	Goods to Follow	►	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Form B15 No. (if applicable)
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CLASSIFICATION TYPE – See information on reverse

<input type="checkbox"/> FORMER RESIDENT (tariff item No. 9805.00.00) I hereby declare that I have read and qualify for the provisions of tariff item No. 9805.00.00 and that: 1. <input type="checkbox"/> I have been a resident of another country for at least one year; or 2. <input type="checkbox"/> I have been continuously absent from Canada for at least one year; and 3. I left Canada on _____; and 4. I returned to Canada to resume residence on _____. 5. With the exception of wedding gifts, bride's trousseau, alcoholic beverages and tobacco products or replacement goods described in the <i>Tariff Item No. 9805.00.00 Exemption Order</i> , all household and personal effects imported or to be imported by me under this tariff item have been actually owned, possessed, and used abroad by me for at least six months prior to the date of my return to Canada to resume residence. 6. All goods imported are my personal or household effects and were not used abroad for any commercial purpose nor will they be used in Canada for any commercial purpose. 7. If any item is sold or otherwise disposed of in Canada within 12 months of the date of its importation, I will notify a customs office of such fact and pay all duties owing at the time.	<input type="checkbox"/> BENEFICIARY (tariff item No. 9806.00.00) I hereby declare that I have read and qualify for the provisions of tariff item No. 9806.00.00 and that I am a beneficiary of personal and household effects which were bequeathed to me without remuneration as: 1. <input type="checkbox"/> The result of the death of _____, a resident of _____, who died on _____; or <input type="checkbox"/> In anticipation of the death of _____, who resides in _____. I have attached: 1. <input type="checkbox"/> A copy of the will, showing that I am a beneficiary of the estate; 2. <input type="checkbox"/> A signed statement from the donor outlining the circumstances of the gift; or 3. <input type="checkbox"/> A statement from the executor of the estate or other legal representative of the donor outlining the circumstances of the gift.
<input checked="" type="checkbox"/> SEASONAL RESIDENT (tariff item No. 9829.00.00) I hereby declare that I have read and qualify for the provisions of tariff item No. 9829.00.00 and that: 1. I arrived in Canada to occupy my seasonal residence for the first time on <u>27 Sep 2024</u> . 2. All goods imported or to be imported by me under this tariff item have been in my ownership, possession, and use prior to my first arrival in Canada to occupy my seasonal residence. 3. All goods imported are my personal or household property and they will not be used in Canada for any commercial purpose. 4. If any item is sold or otherwise disposed of in Canada within 12 months of the date of its importation, I will notify a customs office of such fact and pay all duties owing at the time. 5. I have not previously claimed the benefits of tariff item No. 9829.00.00.	<input type="checkbox"/> SETTLER (tariff item No. 9807.00.00) I hereby declare that I have read and qualify for the provisions of tariff item No. 9807.00.00 and that: 1. I am entering Canada with the intention of establishing, for the first time, a permanent residence for a period in excess of 12 months and I arrived in Canada on _____. 2. With the exception of wedding gifts, bride's trousseau, alcoholic beverages and tobacco products described in the <i>Tariff Item No. 9807.00.00 Exemption Order</i> , all household and personal effects imported or to be imported by me under this tariff item have actually been owned, possessed, and used abroad by me prior to the date of my arrival in Canada. 3. All goods imported are my personal or household property and they will not be used in Canada for any commercial purpose. 4. If any item is sold or otherwise disposed of in Canada within 12 months of the date of its importation, I will notify a customs office of such fact and pay all duties owing at the time.

Signed at <u>Ashkelon Israel</u>	on <u>6 May, 2025</u>	
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Signature of Importer _____



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	Account	Job number	
Loading address / details Address of destination / details Unit37-8430, 203A st, Langley, British Columbia, Canada			
Phone 1	Phone 1	+1 778 980 4994	
Phone 2	Phone 2	+972 544752974	
Phone cell	Phone cell		
Facsimile	Facsimile		
Email (very important)	Email (very important)	Yanik9@gmail.com Yulfeld@gmail.com	
Date you depart from this address	Date you arrive at this address	Nov 2024	
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)		
Phone 1	Phone 1		
Phone 2	Phone 2		
Phone cell	Phone cell		
Facsimile	Facsimile		
Email (very important)	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			
Timing of shipping of your goods	A.S.A.P. AFTER PACKING	AT MY CALL	ON A CERTAIN DATE:
Service requested			FULL-SERVICE INTO NEW RESIDENCE
Place	Date	Signature	
Ashkelon Israel	May 6, 2025		