HFA /SSY/2038873/21

Shipper

BERGER HANNAH HAESHEL 7 CAESAREA

Consignee

GRACE INTERNATIONAL REMOVALS
4 TUCKS ROAD, SEVEN HILLS,
NSW 2147 AUSTRALIA
T:612-98385600 F:612-98385751
IMPORTSYD@GRACE.COM.AU

Notify address

SAME AS CONSIGNEE

LINER BILL OF LADING

4018633/2

Reference No.



5, PAL-YAM ST., HAIFA 33095 ISRAEL TEL. 04-8672270 FAX. 04-8641670

For delivery apply to:

Pre-carriage by* Place of receipt by pre-carrier*

Vessel ASTRID L V10 Port of loading HAIFA, ISRAEL

Port of discharge SINGAPORE PORT Place of delivery by on carrier*

SYDNEY

ECU WORLDWIDE AUSTRALIA P/L SUITE 2, 35-37 TULLMARINE PARK RD TULLAMARINE , VIC 3043 AUSTRALIA T:61 3 8336 8600

Marks and Nos.

Number and kind of packages; description of goods

Gross weight

Measurement

BERGER HANNAH

1 PALLET

STC:USED PERSDONAL EFFECTS

155.00

2.630

** EXPRESS B/I, **

Particulars furnished by the Merchant

Clean On Board 29/04/21

Freight details, charges ets.

CFS

DFSU-630343-5 40HC 120185745 BILL OF LADING

RECEIVED by the Carrier the Goods as specified above in apparent order and condition unless otherwise stated, to be transported to such place as agreed, authorised or permitted herein and subject to all the terms and conditions appearing on the front and reverse of this Bill of Lading to which the Merchant agrees by accepting this Bill of Lading, any local privileges and customs notwithstanding

privileges and customs notwithstanding.

The particulars given above as stated by the shipper and the weight, measure, quantity, conditions, contents and value of the Goods are unknown to the Carrier.

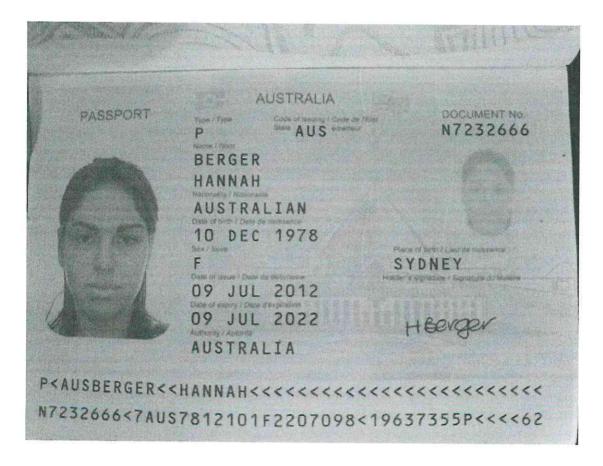
In WITNESS, whereof one (1) original BILL of Lading has been signed it not otherwise stated hereafter, the same being accomplished the other(s), if any to be void, if required by the Carrier one (1) original Bill of Lading must be surrendered duly endorsed in exchange for the Goods or delivery order.

The contract evidenced by or contained in this bill of Lading is governed by the law of Israel and any claim of dispute arising hereunder or on connection herewith shall be determined by the courts in Haifa and no other Courts.

(Terms to continue on back nereof)

Excess value declaration refer to clause 6 (4) (B) + (C) on reverse side.

Shipped on board Date Signed by	Freight payable at PREPAID	Place and date issue	30/04/03
	Number of original Bs/L	Signature	29/04/21





Shipper Name:

Hannah Berger

Packing Job Date:

04 Apr 2021

Origin Address:

Israel

Destination Address:

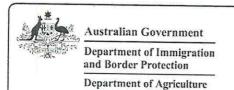
Australia

PACKING INVENTORY

No.	Description	Comment	Box Type	Room
1	Pillows		Large	Koom
2	Pillows			
3	Pillows		Large	
4	Suitcase		Large	
5	Suitcase		Wrapped	-
5	Suitcase		Wrapped	
7	Decorations		Wrapped	
	Clothes		Medium Box	
8	Glassware			
	- Company	* ************************************	Medium Box	
9	Glassware		Book/Small Box	
	Kitchenware			-
0	Clothes		Medium Box	
1	Clothes		Medium Box	
2	Clothes		Medium Box	
3	Clothes		Medium Box	- [
4	Clothes		Medium Box	
5	Clothes		Medium Box	-
6	Office Supplies	1		
	Number of Packages:	1	Medium Box	-

	\int		W
Owner Signature		Company's Signature	
Dogg 4 of 0 m			

Page 1 of 2 ●



UNACCOMPANIED PERSONAL EFFECTS STATEMENT

- This is a legally binding document and may be used as evidence.
- This statement must be completed in English (block letters), with all errors and alterations to be initialled.

WARNING

Do not carry drugs. Penalties for drug offences in Australia are severe. A false or misleading statement to an officer of Customs is an offence and may involve heavy penalties, including forfeiture of any goods concerned.

NOTICE

The *Privacy Act 1988* says we must tell you why we are collecting this information, how we will use it and whether you have to give it to us. This information is required to ensure travellers comply with customs, Biosecurity, Health, Wildlife and Currency laws.

We require this information under the *Customs Act 1901*, the *Quarantine Act 1908*, the *Environment Protection and Biodiversity Conservation Amendment (Wildlife Protection) Act 2001* and the *Financial Transaction Reports Act 1988*. The Department of Immigration and Border Protection also needs the information to calculate the right amount of duties and taxes. Any questions you do not answer will be asked by an officer of Customs or an officer of the Department of Agriculture. The Department of Immigration and Border Protection and Department of Agriculture are not permitted to disclose this information or any supplementary information you give, except when authorised or required by law.

Please complete the following details								
Given names Hannah					Family n	Family name Berger		
Address and telephone number of intended or actual Australian residential address 31 Flood st, Bondi, NSW 2026 Australia 0412687485				Date of b	Date of birth 10/12/78			
Sex Male Female Passport				ountry o	fissue Au	stralia		70
Persons covered by this statement: Myself Spouse Name of spouse					11. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
Spouse passport number Number of ch			en under 18 y	years of	age			
How I arrived or intend to arrive in Aust	ralia					· · · · · · · · · · · · · · · · · · ·	=10 = 0	
On (airline flight number or ship name)								
Arrived over a year ago , qant Date, or estimated date, of arrival 17/3/20	as flight but do	nt hav	e flight r	numb	At (port o	Sydney	intern	ational
For returning residents only	Israe	el departur	е			airport		
Other countries visited Israel					Period of a	absence from 8 years	Australia	
How my personal effects arrived or wi	l arrive					7		
By Mail; or By Air; or V By Sea (i		nplete belo	w)					
The (number of packages)								
	consigned to me	have arrive	ed or are due	to arrive	2:			
On (airline flight number or ship name)	At (port or airport)		1		Date, or estim	ated date, of	arrival	
Container number	Container number Sea Bill or Air Waybill number Name of local business handling your personal e			nal effects				
Clearing your personal effects								
You may clear your personal effects or pominate	o roprosestati		1072 3					
You may clear your personal effects or nominate or relative to act on your behalf. If you wish to not be a compared to the com	a representative such ominate somebody else	as a freigh	nt forwarder, o	customs	broker, friend	Alexander		
		-, , ou , , , , o	c and art are del	ians or y	our normiee in	trie space pro)Vided be	low.
Family name Berger		Given na	^{mes} Har	nnah				
Addraga	I: NICHARDO AL	<u> </u>		11.011				A A A A A A A A A A A A A A A A A A A
31 Flood st, Bono	II, NSW 2026AL	ustralia			Phone number	041268	37585	
Your nominee will need to produce the following	forms of identification	when clea	ring your goo	ds throu	igh customs.			1
Driver's licence number Place of is		7						minoral W
		and	Passport nu	mber		Country of is	sue	
5								
Declaration I declare that the above particulars are to the best of my knowledge true and correct.								
Signature of owner								
	\sim						Date	29/3/21
						W. W.	U.S.	

Important You must answer each of the following questions by placing a tick () in the appropriate boxes. If you mark YES in any box in or if you are in doubt whether any particular effects should be declared, please give details in the space provided under each of the space provided under each	ujestion or on a senarate
attachment if the space is insufficient. Unaccompanied effects may be examined. Please ensure that keys are available at the Section One	time of clearance.
Have you come or are you coming to Australia	
As a tourist only? Please provide your length of stay	
To take up temporary residence only? Please provide your length of stay	
To resume permanent residence or as a returning Australian citizen?	
To take up permanent residence for the first time?	
As an Australian citizen residing overseas, returning temporarily?	
Section Two	
Did you pack the goods yourself?	
Yes	
✓ No → If no, name of person who did	
Are you fully aware of the contents of the packages?	
✓ Yes	
No → If not, why not	
Do the packages contain goods belonging to any person other than you or those who accompanied you on your arrival in Australia?	
Yes → Name Passport number Relationship to	o you
✓ No	
Section Three	
Do your unaccompanied effects contain any of the following restricted goods? Drugs of any kind including, but not limited to: DHEA, narcotics, hallucinogens,	
amphetamines, barbiturates, tranquillisers, steroids or performance enhancing drugs.	
Yes ✓ No If yes, please provide a list of the goods	
Weapons including, but not limited to: firearms or parts (including air pistols and air rifles), ammunition, replica firearms, spring bladed knives, daggers, knuckle dusters or martial arts equipment.	
Yes V No	
If yes, please provide a list of the goods	
Articles manufactured from wildlife including, but not limited to: reptiles/snakes, elephants,	
rhinoceri, members of the cat family, whales, dolphins, zebras, antelope, deer or coral.	
If yes, please provide a list of the goods	
Material which is likely to cause offence to a reasonable adult. This may include, but is not limited to: child pornographic material which may promote, incite or instruct in matters of crime or violence or misuse of a drug, or sexual material (including to the context of the	al, child abuse material,
Yes V No	besuality).
If yes, please provide a list of the goods	
I declare that the above particulars are to the best of my knowledge true and correct and that I have	
understood the questions contained in this form and the answers to those questions are true and correct. Signature of owner	Data
	Date 29/3/21

Section Four Do your unaccompanied effects contain any of the following goods? Australian and/or Foreign currency in the amount of \$10,000 Australian or more.		
Yes No		
If yes, please list the amount(s) in Australian dollars		
Medicines (whether prescribed by a medical practitioner or not) including but not lim	nited to: herbal.	
Yes No		
If yes, please provide a list of the goods Small/opened packs of Armaforce, panadol, cl	aratine, nurofen, strepsils, c	odral
Section Five Do your unaccompanied effects contain any of the following goods? If you tick 'yes' Cigarettes, cigars or tobacco	to any question, describe the goods in the	table below.
Yes No		
Alcoholic liquor including: spirits, wine or beer.		
Yes No Motor vehicle, motorcycle, trailers or watercraft.		
Yes No		
Goods belonging to any person other than you or those who accompanied you on you	our arrival in Australia.	e e
Yes No		
Goods for commercial purposes, including goods for sale, lease, hire or exchange.		
Yes V No Other goods owned by you for less than 12 months.		
Yes V No		
If insufficient space, attach a separate sheet		
Description	Price or estimated price \$AUS	Date of purchase
Bedding - blankets, pillows, sheets	400	Bought betwee
Towels	200	aug 18-dec 19
Kitchen items	250	
Pops characters	200	2019
Bags	1000	Most bought
Clothing	10000	before jul 2018,
Shoes	1500	some between
Toiletries/makeup	250	aug 2018 and jar 2020
IMPORTANT NOTICE: Any goods owned by you for less Such goods will be assessed for duty and taxes. Penaltic For further information please visit our website at www.b	es exist for not declaring suc	eclared
Section Six Within one month prior to shipping these effects to Australia, did you or any member arrived or will arrive with you, visit a place where farm animals are kept, including farm esearch farms, sanctuaries and sale yards or visit an abattoir or any meat processing Yes V No	ming communities	
declare that the above particulars are to the best of my knowledge true and correct aunderstood the questions portained in this form and the answers to those questions are	and that I have are true and correct.	
Signature of owner		Date 29/3/21

Section Seven						
Section Control Contro	shingt to paimal biggs with the second days					
Do your unaccompanied effects contain any of the following goods, subject to animal biosecurity laws, or wildlife export and import laws? Animals alive or dead including mammals, reptiles, fish, birds, insects or parts thereof or Animal Products including:						
feathers, skins, horns, shells, hatching eggs, semen or embryos.	or parts thereof of Animal Products including.					
Yes V No						
If yes, please provide a list of the goods						
Food of any kind (including any edible item) such as:	AND THE STREET STREET,					
meat, poultry, eggs, dairy products, baby food, spreads and sauces, b	everages and non-alcoholic drinks					
	everages and non-adonous diffixs.					
Yes V No						
If yes, please provide a list of the goods						
Equipment used with horses or other animals including:						
saddles, harnesses, whips, collars, brushes, blankets or rugs used as	animal bedding.					
Yes V No						
If yes, please provide a list of the goods						
Biological specimens including:						
vaccines, cultures, blood, cell samples or cell lines, semen or embryos						
	,					
Yes V No						
If yes, please provide a list of the goods						
Section Eight						
Do your unaccompanied effects contain any of the following goods, sul Plants or parts of plants live or dead including:	bject to plant biosecurity laws?					
fruits, nuts, seeds, bulbs, leaves, wooden articles or articles made of p	1-4					
flowers, mushrooms, fungi, straw, bamboo, herbs or teas.	iant material, cuttings,					
The state of the s						
Yes V No						
If yes, please provide a list of the goods						
•						
Furniture or other articles of wood, cane or bamboo.						
Yes Z No						
If yes, please provide a list of the goods						
y and a not of the goods						
Soil or earth or goods containing soil, earth, rock or mineral samples.						
Yes ✓ No						
If yes, please provide a list of the goods						
Strow or wood and in the strong of the stron		1				
Straw or wood packing material other than wood shavings or sawdust.						
☐ Yes ✓ No						
Egg or fruit cartons used in packing.						
Yes V No						
I declare that the above particulars are to the best of my knowledge true	e and correct and that I have					
and the duestions contained in this form and the answers to thou	se questions are true and correct.					
Signature of owner		Date _ / _ / _ /				
		^{Date} 29/3/21				
FOR OFFICIAL USE ONLY						
Goods declared	Action taken					
*						
	ICD number:					