Shipper

LINER BILL OF LADING

HFA /MTR/2039203/21

Measurement

7.270

4018827/1

Reference No.

PRAG ADI RIMON 257 SUFIM

Consignee

Notify address

DANIELLE PRAG 4007 RUE DROLET MONTREAL H2W2L3

GO TRANSPORT CANADA

5897 CHEMIN ST FRANCOIS

SAINT-LAURENT, QC H2S 1B4



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

For delivery apply to:

ODYSSEY SHIPPING

10500 COTE DE LIESSE, SUITE 141 LACHINE (MONTREAL), QUEBEC CANADA H8T 1A4 T:1-514-6312880 F:1-514-6312805

TEL: 14-312-3884 FAX: 514-448-4664 Pre-carriage by Pre-carrier\* Vessel MSC GENEVA V122 Port of loading HAIFA, ISRAEL Port of discharge Place of delivery by on carrier\* VALENCIA

MONTREAL Marks and Nos. Number and kind of packages; description of goods Gross weight PRAG 2 PALLETS STC: 2 PACKAGES OF 945.00 USED HOUSEHOLD

GOODS HS CODE 6309.00 \*\*EXPRESS B/L\*\*

Particulars furnished by the Merchant

BILL OF LADING

Clean On Board 04/06/21

Freight details, charges ets.

CFS

MEDU-205418-5 20RG

149537

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 Marchant agrees by accepting this Bill of Lading, any local 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			Local Allow Teler to clause 6 (4)	, , (-) on loverse :
		Freight payable at PREPAID	Place and date issue	
		Number of original Bs/L	Signature	04/06/21
		0		

Government of Canada

Gouvernement du Canada

PERMANENT RESIDENT CARD

CARTE DE RESIDENT PERMANENT

Name/Nom

PRAG

DANIELLE

8946-5730 ID No/No ID

Sex/Sexe Nationality/Nationalité

ISR

COANIELY

Date of Birth/Date de naissance

10 FEB /FÉV

Camada

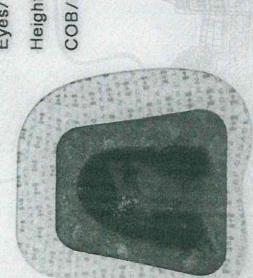
Place of Landing/ Lieu d'établissement . MONTREAL

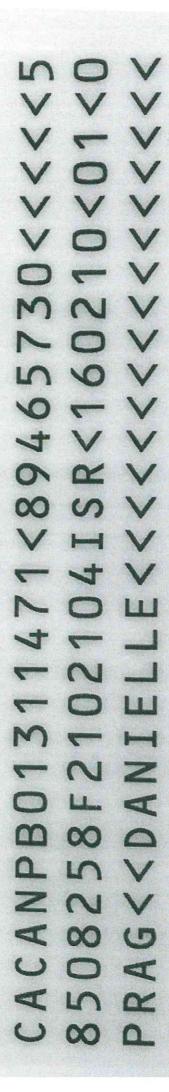
PR Since / RP depuis: 11 DEC / DÉC 15

Eyes/Yeux: BROWN/BRUN

Height/ Taille: 157 cm

COB/PDN: ISR







#### A. UNIVERS TRANSIT LTD

Recease we care...

Shipper Name:

Danielle Prag

Packing Job Date:

12 May 2021

Origin Address:

Israel Canada

Destination Address:

#### PACKING INVENTORY

No.	Description	Comment	Box Type	Room
1.	Decorations		Wrapped	
2	Picture		Standup Box	
3	Picture		Standup Box	
4	Picture		Standup Box	
5	Kitchen			
6	Kitchen		Wrapped	
7	Books		Wrapped Book/Small	
8	Picture		Box	
9	Clothes		Standup Box	
10	Shoes	{	Medium Box	
11	Pagin		Wrapped .	
	Books		Book/Small Box	
12	Books		Book/Small Box	
13	Books		Book/Small Box	
4	Decorations		TY/	montes-one
5	Decorations		Wrapped  -	
6	Decorations			
7	Decorations		Wrapped	
8	Decorations		Wrapped -	
9	Decorations			
0	Bench		Wrapped -	
1	Kitchen		Wrapped	
2	Kitchen		Wrapped	
3	Kitchen			
4	Bench		Wrapped	
5	Clothes		Wrapped	
5	Clothes	1	Medium Box	
	1		Medium Box	

Owner Signature		2
, and a second second	 Company's Signature	



# A. UNIVERS TRANSIT LTD.

Total	Number of Packages: 33	The state of the s	
33	Table	Wrapped	
		Wrapped	
32	Decorations	Wrapped	
31	Decorations	Wrapped	
30	Decorations		
29	Decorations	Wrapped	
28	Decorations	Wrapped	
27	Cedar Chest	Wrapped	

Owner Signature	Company's Signature	020
Page 2 of 2 ●		

#### **DESTINATION CANADA**

## Feuillet de renseignements / Profile Sheet

Nom/ Name : PRAG	Prénom/ First name :	1
Statut d'entrée au Canada/Status of entry to C	DANIELLE	_
PERMANENT RE	SIDENT	
Téléphone fixe/ Phone	Téléphone mobile/Cell	
number:	number: 1 (070) 7012027	
	+1 (438) 3947873	
Adresse E-mail/ E-mail	. CALLIN THE MORNING ONLY	-
The state of the s	OO. PRAG @ GMAIL. LOM	
Adresse de livraison/ Delivery Address	, 1	
4007 Rue DROLET	MONTREAL, HZWZL3	
Etage/ Floor	Ascenseur/ Elevator	
5	(Utilisable par les déménageurs/Usefull by movers) No! Non	
	by movers)	□ Non
Stationnement autorisé à proximité?	Oui Non	
Parking authorized close to your home?	/(	
Conditions d'accès: Facile/Easy	☐ Difficile/Diffilcult	
Acces Conditions:		
	Explication Explanation :	
	Explanation .	
Présence d'aliments/d'alcool ? / Presence of fo	od/alcohol?	
Explication	NO -	
Explanation		
Accès direct ou accès sur cour/ Direct E		
The second secon	eturning to Canada? \(\int\) \( \text{Perments}\)	+ \
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NO. 1.2	+)
Toute autre information que vous souhaitez nou de la livraison de votre déménagement/ All othe	Is communiquer pour le bon déroulement	
us in order to make sure that the delivery goes s	smoothy:	
PHONE TO ANIELLE - EVERYDAY.		
LATER - LAND COUNTY DAYS	Nui	
LATER-THEN 100 PM.	1	

Accounting document number

### PERSONAL EFFECTS ACCOUNTING DOCUMENT (Settler, Former Resident, Seasonal Resident, or Beneficiary)

Shaded areas for CBSA use only		COST OF STREET, A CONTROL OF THE COST OF T			•		
DANIELLE PRAG	Cargo control nun	nber			i i i i i i i i i i i i i i i i i i i	CBSA stamp	
Importer's address  4007 Rue Drolet  Montreal H2W2L3	Country of origin	AEL	Country of	export ANAD	1A		
Montreal H2W2L3	Lan Port of entry	nded immigrant / Po	ermanent Date of lan				
	Unique Client Iden	ntifier		10) (10)			
	(include serial numbers	s, if applicable)				Value (CDN Dollars)	
1						11	
	SED PERS	ONAL	ITE	MS		\$ 1000	
3						1 1 1	
4							
6	50			<u></u>			
7	m m <sub>-11</sub>		-				
8							
All conveyances MUST be el	ligible for importation i Vehicle import registra	in accordance wi	th Transi	oort Cana	ada require	ments.	
Conveyances (make, model, serial number of vehic					N Dollars)	K22 / Vehicle import form number	
1	A ALERON DE HERMAN DE SERVICIO DE LA PROPERTICION D		+				
2			-				
3			-		_		
Mover							
Additional list of goods Form BSF186A Mover'		Goods to follow	w <b>&gt;</b>	Yes	No No	Form BSF715 number (if applicable)	
CLASS	SIFICATION TYPE -	- See information	on on re	verse			
FORMER RESIDENT (tariff item No. 9805.00.00)	The second secon	BENEFIC	CIARY (ta	ariff item I	No. 9806.00	or the provisions of tariff item No	
rto. sees.oc.oc and that.		bequeathed to r	me withou	i a benefic it remuner	ciary of personation	onal and household effects which were	
<ol> <li>I have been a resident of another country for at least on</li> <li>I have been continuously absent from Canada for at lea</li> </ol>	a year; or	a resident of	the ceau	1 of,			
I left Canada on; and	it one year, and	who died on					
I returned to Canada to resume residence on	•	I have attach	hed				
No. 9805.00.00 Exemption Order, all household and per imported or to be imported by me under this tariff the per imported by the under this tariff the under t	With the exception of wedding gifts, alcoholic beverages and tobacco products or replacement goods described in the Tariff Item No. 9805.00.00 Exemption Order, 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	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		· I or				
	If any item is sold or otherwise disposed of in Canada within 12 months of the date of its importation, I will notify a CBSA Office of such fact and pay all duties owing at the time.		1.0				
and date of its importation. I will notice at the control of the	thin 12 months of uch fact and pay all	I have attach  A copy	ned: y of the do	onor's will;	; or		
the date of its importation. I will notify a CRSA Office of a	ithin 12 months of such fact and pay all	I have attach A copy If there with po	ned: y of the do e is no will ower of att meone oth	onor's will; II, a signed ttorney) tra ner than th	; or d/dated state ansferring ov ne recipient o	ement from the donor (or individual wnership of the goods and witnessed of the goods imminent; and	
the date of its importation, I will notify a CBSA Office of s duties owing at the time.	ithin 12 months of such fact and pay all	I have attach A copy If there with po by son A writte	ned:  y of the do e is no will ower of att meone oth en testimo	onor's will; II, a signed ttorney) tra ner than th	; or d/dated state ansferring ov ne recipient of the danor's p	ement from the donor (or individual	
the date of its importation, I will notify a CBSA Office of s duties owing at the time.  SEASONAL RESIDENT (tariff Item No. 9829.00.00)	ithin 12 months of such fact and pay all	I have attach A copy If there with po by son A writte	ned:  y of the do e is no will ower of att meone oth en testimo	onor's will; II, a signed ttorney) tra ner than th	; or d/dated state ansferring ov ne recipient o	ement from the donor (or individual wnership of the goods and witnessed of the goods imminent; and	
the date of its importation, I will notify a CBSA Office of s duties owing at the time.	such fact and pay all	I have attach A copy If there with poty son A writte	ned:  y of the do le is no will lower of att meone oth en testimo  (tariff ite	onor's will; II, a signed ttorney) tra her than the ony from the	; or d/dated state ansferring of ne recipient of the danor's p 807.00.00)	ement from the donor (or individual wnership of the goods and witnessed of the goods imminent; and	