

Carrier: Hapag-Lloyd Aktiengesellschaft, Hamburg

# Sea Waybill

Multimodal Transport or Port to Port Shipment

Shipper:

**A. UNIVERS TRANSIT LTD.  
INTERNATIONAL MOVERS  
P.O. BOX 4052  
ASHDOD 77140  
TEL: 08-8563145**



Carrier's Reference: **78943079** SWB-No.: **HLCUTLV210811359** Page: **2 / 4**

Export References:

Consignee:

**SCHUMACHER CARGO LOGISTICS  
550 WEST 135TH STREET  
GARDENA, CA 90248 U.S.A.  
DACC@SCLUSA.COM**

Forwarding Agent:

Notify Address (Carrier not responsible for failure to notify):

Consignee's Reference:

Place of Receipt:

Vessel(s):

**ZIM QINGDAO**

Voyage-No.:

**95W**

Place of Delivery:

Port of Loading:

**HAIFA**

Port of Discharge:

**NEW YORK, NY**

Container Nos., Seal Nos., Marks and Nos.	Number and Kind of Packages, Description of Goods	Gross Weight:	Measurement:
<b>AS PER ATTACHED LIST</b>		<b>2952.000</b>	<b>22.710</b>
		<b>KGM</b>	<b>MTQ</b>

**SHIPPED ON BOARD, DATE : 03/OCT/2021  
PORT OF LOADING: HAIFA  
VESSEL NAME: ZIM QINGDAO VOYAGE: 95W**

**FREIGHT PREPAID**

**EXPRESS BILL OF LADING..**

Shipper's declared Value [see clause 7(2) and 7(3)]

Total No. of Containers received by the Carrier:	Packages received by the Carrier:
<b>1</b>	

Movement:	Currency:
<b>FCL/FCL</b>	

Charge	Rate	Basis	aWt/Vol/Val	P/C	Amount

Above Particulars as declared by Shipper. Without responsibility or warranty as to correctness by Carrier [see clause 11]

**DRAFT**

RECEIVED by the Carrier from the Shipper in apparent good order and condition (unless otherwise noted herein) the total number or quantity of Containers/ or other packages or units indicated in the box opposite entitled "Total No. of Containers/ Packages received by the Carrier" for Carriage subject to all the terms and conditions hereof (INCLUDING THE TERMS AND CONDITIONS ON THE REVERSE HEREOF AND THE TERMS AND CONDITIONS OF THE CARRIER'S APPLICABLE TARIFF) from the Place of Receipt or the Port of Loading, whichever is applicable, to the Port of Discharge or the Place of Delivery, whichever is applicable. In accepting this Sea Waybill the Merchant expressly accepts and agrees to all its terms and conditions whether printed, stamped or written, or otherwise incorporated, notwithstanding the non-signing of this Sea Waybill by the Merchant.

Place and date of issue:

**TEL AVIV 03/OCT/2021**

Freight payable at:

**PREPAID**

Total Freight Prepaid	Total Freight Collect	Total Freight

**FOR ABOVE NAMED CARRIER  
CARGO MARINE LTD. (AS AGENT)**

Sea Waybill - Not Negotiable

Sea Waybill - Not Negotiable

Ballindamm 25 - D-20095 Hamburg VAT-ID-No: DE813960018

MTD17312 (REV. 11) Plain

Cont/Seals/Marks	Packages/Description of Goods	Weight	Measure
UACU 3878390 SEAL: 1542417 MARKS & NOS: FINKINBLECH ALONA	1 CONT. 20'X8'6" GENERAL PURPOSE CONT. SLAC* 3 PACKAGES OF HOUSEHOLD GOODS	1483.000 KGM	10.570 MTQ
MARKS & NOS: HALPER SHAUN JACOB	1 PACKAGE OF HOUSEHOLD GOODS	282.000 KGM	2.080 MTQ
MARKS & NOS: BARAK-MEDINA AYELET	2 PACKAGE OF HOUSEHOLD GOODS	442.000 KGM	5.700 MTQ
MARKS & NOS: ROSENTHAL MICHELE ANN	1 PACKAGE OF HOUSEHOLD GOODS	745.000 KGM	4.360 MTQ

\*SLAC = Shipper's Load, Stow, Weight and Count

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<del>Shipper</del> ROSENTHAL MICHELE ANN MOSHAV KEREM MAHRL		HOUSE BILL OF LADING # 306489	
<del>Consignee</del> ROSENTHAL MICHELE ANN 1362 E. MADISON PARK CHICAGO, IL 60615		A. UNIVERS TRANSIT LTD. ***** ASHDOD 77140, ISRAEL TEL:972-8-8563145 FAX:972-8-8563387 Web-Site: www.univers-transit.co.il	
<del>Notify</del> SCHUMACHER CARGO LOGISTICS 550 WEST 135TH STREET GARDENA, CA 90248 U.S.A. TL:00-1-562-408-6677 FX:00-1-562-408-6636		RECEIVED in apparent good order and condition except as otherwise noted the total number of containers or other packages or units enumerated below.	
<del>Vessel</del> ZIM QINGDAO	<del>Port of Load</del> HAIFA	FOR DELIVERY PLEASE APPLY TO:  00353-1-2572354	
<del>Port of Discharge</del> NEW YORK, NY			
<del>Final Destination</del>		<del>Org/Cpy</del> Bills of Lading: COPY	
Freight payable at ORIGIN\ PP			

Marks & Numbers	Number	Kind	Descr. of Goods	Weight	Volume
ROSENTHAL MICHELE 1362 E. MADISON P CHICAGO, IL 60615	1	PACKAGES	USED HOUSEHOLD GOODS  EXPRESS WAYBILL	745	4.36
TOTAL	1		TOTAL	745.00	4.36

Remarks :	17/10/21	A. UNIVERS TRANSIT
	Date	Stamp & Signature





## ISF Information

ISF Number MSW-68944025998	Reference Number 306489	ISF Type ISF-10
Importer		Consignee
Shipment Type 03 - Household Goods/Personal Effects		
		Time Accepted 10/6/21 3:03:06 AM

<b>Bills of Lading</b>		
Carrier:	Mode of Transportation: Vessel, Container	Master Bill: HLCU TLV210811359
Bill Type	Bill Number	Bill on File
House Bill	HLCU TLVLH11359AD	Yes

<b>Selling Party</b>
ROSENTHAL MICHELE Association Name: MOSHAV KEREM MAHRL Association Name: MOSHAV KEREM MAHRL MOSHAV KEREM MAHRL, IL

<b>Buying Party</b>
ROSENTHAL MICHELE Street Number: 1362 Street Name: E. MADISON PARK CHICAGO, IL 60615, US

<b>Ship to Party</b>
ROSENTHAL MICHELE Street Number: 1362 Street Name: E. MADISON PARK CHICAGO, IL 60615, US

<b>Container Stuffing Location</b>
A UNIVERS TRANSIT Street Number: 14 Street Name: HADARIM ASHDOD, IL

<b>Consolidator</b>
A UNIVERS TRANSIT Street Number: 14 Street Name: HADARIM ASHDOD, IL

<b>Manufacturer</b>		
ROSENTHAL MICHELE Association Name: MOSHAV KEREM MAHRL Association Name: MOSHAV KEREM MAHRL MOSHAV KEREM MAHRL, IL		
Part Number	Tariff Number	Country of Origin
	980400	IL

<b>Consignee</b>
ROSENTHAL MICHELE A
DUNS/DUNS+4: 565687527





DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

OMB APPROVAL NO. 11  
EXPIRES: 11  
ESTIMATED BURDEN

DECLARATION FOR FREE ENTRY OF UNACCOMPANIED ARTICLES

19 CFR 148.6, 148.52, 148.53, 148.77

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0014. The estimated average time to complete this application is 45 minutes. The obligation to respond to this information collection is mandatory to obtain benefits. If you have any comments regarding the burden estimate you can write to CBP PRA, U.S. Customs and Border Protection, Office of Regulations and Rulings, 10th floor, 90K Street NE., Washington DC 20229-1177.

**PART I - TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY OF ARTICLES** (Please consult with the CBP official for additional information and assistance. REMEMBER-All of your statements are subject to verification. False declarations or failure to declare articles could result in penalties.)

1. IMPORTER'S NAME (Last, first and middle initial) <u>ROSENTHAL, MICHAEL A</u>		2. IMPORTER'S DATE OF BIRTH <u>7/27/66</u>	3. IMPORTER'S DATE OF ARRIVAL <u>7/27/16</u>
4. IMPORTER'S U.S. ADDRESS <u>1362 E MADISON PARK #3 CHICAGO, IL 60615</u>		5. IMPORTER'S PORT OF ARRIVAL <u>CHICAGO (ORD)</u>	
7. NAME(S) OF ACCOMPANYING HOUSEHOLD MEMBERS (wife, husband, minor children, etc.) <u>ILAN NEVO</u>		6. NAME OF ARRIVING VESSEL CARRIER AND FLIGHT/TRAIN <u>UNITED AIRLINES 141</u>	
8. THE ARTICLES FOR WHICH FREE ENTRY IS CLAIMED BELONG TO ME AND/OR MY FAMILY AND WERE IMPORTED	A. DATE	B. NAME OF VESSEL/CARRIER	C. FROM (Country) <u>ISRAEL</u>
E. NUMBER AND KINDS OF CONTAINERS		F. MARKS AND NUMBERS	

**PART II - TO BE COMPLETED BY ALL PERSONS EXCEPT U.S. PERSONNEL AND EVACUEES**

9. RESIDENCY ("X" appropriate box)  
I declare that my place of residence abroad  is  was

A. NAME OF COUNTRY <u>ISRAEL</u>	B. LENGTH OF TIME <u>20</u> Yr. Mc
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C. RESIDENCY STATUS UPON MY/OUR ARRIVAL ("X" One)  
 (1) Returning resident of the U.S.  (2) Nonresident:  a. Emigrating to the U.S.  b. Visiting the U.S.

10. STATEMENT(S) OF ELIGIBILITY FOR FREE ENTRY OF ARTICLES. I the undersigned further declare that ("X" all applicable items and submit packing list)

A. Applicable to RESIDENT and NONRESIDENT	C. Applicable to NONRESIDENT ONLY
<input checked="" type="checkbox"/> (1) All household effects acquired abroad for which free entry is sought were used abroad for at least one year by me or my family in a household of which I or my family was a resident member during such period of use, and are not intended for any other person or for sale. (9804.00.05, HTSUSA)	<input type="checkbox"/> (1) All household effects acquired abroad for which free entry were used abroad for at least one year by me or my family in a household of which I or my family was a resident member during such period of use, and are not intended for any other person or for sale. (9804.00.05, HTSUSA)
<input checked="" type="checkbox"/> (2) All instruments, implements, or tools of trade, occupation or employment, and all professional books for which free entry is sought were taken abroad by me or for my account or I am an emigrant who owned and used them abroad. (9804.00.10, 9804.00.15, HTSUSA)	<input type="checkbox"/> (2) Any vehicles, trailers, bicycles or other means of conveyance imported are for the transport of me and my family and such incidental carriage of articles as are appropriate to my person or the conveyance. (9804.00.35, HTSUSA)

Applicable to RESIDENT ONLY  
 All personal effects for which free entry is sought were taken abroad by me or for my account. (9804.00.45, HTSUSA)

**PART III - TO BE COMPLETED BY U.S. PERSONNEL AND EVACUEES ONLY**

I, the undersigned, the owner, importer, or agent of the importer of the personal and household effects for which free entry is claimed, hereby certify that such effects are in direct personal possession of the importer, or of a member of the importer's family residing with the importer, while abroad, and that they were imported into the United States because of the termination of assignment to extended duty (as defined in section 148.74(d) of the Customs Regulations) while outside the United States and the CBP Territory of the United States, or because of Government orders or instructions evacuating the importer from the United States; and that they are not imported for sale or for the account of any other person and that they do not include any alcoholic beverage for which free entry for these effects is claimed under Subheading No. 9805.00.50, Harmonized Tariff Schedule of the United States.

DATE OF IMPORTER'S LAST DEPARTURE FROM THE U.S.	2. A COPY OF THE IMPORTER'S TRAVEL ORDERS IS ATTACHED AND THE ORDERS WERE VALID AT THE TIME OF DEPARTURE.
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**PART IV - TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY OF ARTICLES** (Certain articles may be subject to duty and/or other restrictions and must be specifically declared herein. Please check all applicable items and list them separately in item D on the reverse.)

A. For U.S. Personnel, Evacuees, Residents and Non-Residents		B. For Residents and Non-Residents ONLY	
<input type="checkbox"/> Articles for the account of other person.	<input type="checkbox"/> (2) Articles for sale or commercial use.	<input type="checkbox"/> (7) Foreign household effects acquired abroad and used less than one year.	<input type="checkbox"/> (8) Foreign household effects acquired abroad for more than one year.
<input type="checkbox"/> Firearms and/or ammunition.	<input type="checkbox"/> (4) Alcoholic articles of all types or tobacco products.	C. For Resident ONLY	
<input type="checkbox"/> Fruits, plants, seeds, meats, or birds.	<input type="checkbox"/> (6) Fish, wildlife, animal products thereof.	<input type="checkbox"/> (9) Personal effects acquired abroad.	<input type="checkbox"/> (10) Foreign made articles acquired in the United States and taken on this trip or acquired abroad on another trip that was previously declared.
		<input type="checkbox"/> (11) Articles taken abroad for which alterations or repairs were performed.	





TREASURY DEPARTMENT  
U.S. CUSTOMS SERVICE  
SUPPLEMENTAL DECLARATION FOR  
UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

1. Owner of Household Goods  
(Last, first and middle)

ROSENTHAL, MICHAEL A

2. Date of Birth

7/27/66

3. Citizenship

USA

4. Passport (Country and Number)

USA 565687527

5. Social Security No.

572699331

6. Resident Alien No.

N/A

7. U.S. Address

1362 E. MADISON PARK  
APT. 3  
CHICAGO, IL 60615

10. Employer

N/A

11. Position with Company

N/A

8. Foreign Address

MOSHAV KEREM  
MAHARAL

HOF HAAZMEL

ISRAEL 30840

12. Length of Employment

N/A

13. Nature of Business

N/A

9. Reason for Moving

RETURNING TO USA

14. Name and Telephone of Company Official Who Can Verify  
Above Information

N/A

15. Name and Address of Freight Forwarders  
Packers and Shipping Agents

16. Shipment Itinerary

(specify place of loading and intermediate ports)

17. Certification

I, the undersigned, certify that this declaration is correct and complete

A. Authorized Agent (from facts obtained from the importer)

B. Importer

Signature



Date