

# Sea Waybill

Multimodal Transport or Port to Port Shipment

Carrier: Hapag-Lloyd Aktiengesellschaft, Hamburg

Shipper:

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



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

Consignee:

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

Export References:

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:

**AS PER ATTACHED LIST**

=====  
2952.000  
KGM

=====  
22.710  
MTQ

**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)]

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

**DRAFT**

Total No. of Containers received by the Carrier:

Packages received by the Carrier:

**1**

Movement:

Currency:

**FCL/FCL**

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

RECEIVED by the Carrier from the Shipper in apparent good order and condition (unless otherwise noted herein) the total number or quantity of Containers/ 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**

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

Total Freight Prepaid

Total Freight Collect

Total Freight

Sea Waybill - Not Negotiable

Sea Waybill - Not Negotiable

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

MTD17312 (FE:111) 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

Cont/Seals/Marks	Packages/Description of Goods	Weight	Measure
CHARGE	RATE BASIS W/M/V CURR	PREPAID	COLLECT
EQPT TRANSFER ORIG		X	
THC ORIGIN		X	
MARINEFUEL RECOVER		X	
PEAK SEASON SURCH.		X	
SEC.MANIF.DOCUMENT		X	
DOCUMENT FEE		X	
CFC DESTINATION			X
LUMPSUM		X	

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Shipper  
 HALPER SHAUN JACOB  
 SHIVAT ZION 4  
 TEL AVIV

HOUSE BILL OF LADING # 306454

A. UNIVERS TRANSIT LTD.  
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 ASHDOD 77140, ISRAEL  
 TEL:972-8-8563145 FAX:972-8-8563387  
 Web-Site: www.univers-transit.co.il

Consignee  
 HALPER SHAUN JACOB  
 41 WELLINGTON COURT  
 STATEN ISLAND, NY 10314

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

Notify  
 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

FOR DELIVERY PLEASE APPLY TO:

Vessel: ZIM QINGDAO Port-of-Load: HAIFA 00353-1-2572354

Port-of-Discharge: NEW YORK, NY

Final-Destination: \_\_\_\_\_ Org/Cpy: \_\_\_\_\_  
 Freight payable at: ORIGIN\ PP Bills of Lading: COPY

Marks & Numbers	Number	Kind	Descr. of Goods	Weight	Volume
HALPER SHAUN JACO 41 WELLINGTON COU STATEN ISLAND, NY	1	PALLET	USED HOUSEHOLD GOODS  EXPRESS WAYBILL	282	2.08
TOTAL	1		TOTAL	282.00	2.08

Remarks :

19/10/21 A. UNIVERS TRANSIT  
 Date Stamp & Signature

## ISF Information

ISF Number MSW-76931342916	Reference Number 306454	ISF Type ISF-10
Importer		Consignee
Shipment Type 03 - Household Goods/Personal Effects		
		Time Accepted 10/5/21 3:10:18 AM

### Bills of Lading

Carrier:	Mode of Transportation: Vessel, Container	Master Bill: HLCU TLV210811359
Bill Type	Bill Number	Bill on File
House Bill	HLCU TLVLH11359AB	Yes

### Selling Party

HALPER SHAUN J  
 Street Number: 4  
 Street Name: SHIVAT ZION  
 TEL AVIV, IL

### Buying Party

HALPER SHAUN J  
 Street Number: 41  
 Street Name: WELLINGTON COURT  
 STATEN ISLAND, NY 10314, US

### Ship to Party

HALPER SHAUN J  
 Street Number: 41  
 Street Name: WELLINGTON COURT  
 STATEN ISLAND, NY 10314, US

### Container Stuffing Location

A UNIVERS TRANSIT  
 Street Number: 14  
 Street Name: HADARIM  
 ASHDOD, IL

### Consolidator

A UNIVERS TRANSIT  
 Street Number: 14  
 Street Name: HADARIM  
 ASHDOD, IL

### Manufacturer

HALPER SHAUN J  
 Street Number: 4  
 Street Name: SHIVAT ZION  
 TEL AVIV, IL

Part Number	Tariff Number	Country of Origin
	980400	IL

### Consignee

HALPER SHAUN J	DUNS/DUNS+4: 566617767
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U.S. DEPARTMENT OF HOMELAND SECURITY  
Bureau of Customs and Border Protection

FORM APPROVED OMB NO. 1651-0014

DECLARATION FOR FREE ENTRY  
OF UNACCOMPANIED ARTICLES

19 CFR 148.6, 148.52, 148.53, 148.77

PAPERWORK REDUCTION ACT NOTICE: This request is in accordance with the Paperwork Reduction Act. We ask for the information in order to carry out the laws and regulations administered by the CBP. These regulations and forms apply to importers to ensure that they are complying with the law and to allow us to figure, collect, or refund the right amount of duty and tax. It is mandatory. The estimated average burden associated with this collection of information is 10 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Bureau of Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0014), Washington, DC 20503.

**PART I -- TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY OF ARTICLES** (Please consult with the CBP official for additional information or 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) <b>Halper, Shaun Jacob</b>		2. IMPORTER'S DATE OF BIRTH <b>06/02/1982</b>	3. IMPORTER'S DATE OF ARRIVAL
4. IMPORTER'S U.S. ADDRESS		5. IMPORTER'S PORT OF ARRIVAL	
6. NAME OF ARRIVING VESSEL CARRIER AND FLIGHT/TRAIN			
7. NAME(S) OF ACCOMPANYING HOUSEHOLD MEMBERS (wife, husband, minor children, etc.)			

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)	D. BL OR AWB OR I T NO.
	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 <input type="checkbox"/> is <input checked="" type="checkbox"/> was	A. NAME OF COUNTRY <b>Israel</b>	B. LENGTH OF TIME <b>3</b> Yr. Mo.
C. RESIDENCY STATUS UPON MY/OUR ARRIVAL ("X" One) <input checked="" type="checkbox"/> (1) Returning resident of the U.S. <input type="checkbox"/> (2) Nonresident:	<input type="checkbox"/> a. Emigrating to the U.S.	<input type="checkbox"/> 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**

- (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)
- (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)

**B. 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)

**C. Applicable to NONRESIDENT ONLY**

- (1) All articles of apparel, personal adornment, toiletries and similar personal effects for which free entry is sought were actually owned by me and in the possession of myself, or those members of my family who accompanied me, at the time of departure to the United States and that they are appropriate and are intended for our personal use and not for any other person nor for sale. (9804.00.20 HTSUSA)
- (2) Any vehicles, trailers, bicycles or other means of conveyance being imported are for the transport of me and my family and such incidental carriage of articles as are appropriate to my personal use of the conveyance. (9804.00.35, 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 they were 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) at a post or station outside the United States and the CBP Territory of the United States, or because of Government orders or instructions evacuating the importer to 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 beverages or cigars. Free entry for these effects is claimed under Subheading No. 9805.00.50, Harmonized Tariff Schedule of the United States.

1. 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 ISSUED ON:
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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 requirements 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**

- (1) Articles for the account of other persons.
- (2) Articles for sale or commercial use.
- (3) Firearms and/or ammunition.
- (4) Alcoholic articles of all types or tobacco products.
- (5) Fruits, plants, seeds, meats, or birds.
- (6) Fish, wildlife, animal products thereof.

**B. For Residents and Non-Residents ONLY**

- (7) Foreign household effects acquired abroad and used less than one year.
- (8) Foreign household effects acquired abroad and used more than one year.

**C. For Resident ONLY**

- (9) Personal effects acquired abroad.
- (10) Foreign made articles acquired in the United States and taken abroad on this trip or acquired abroad on another trip that was previously declared to CBP.
- (11) Articles taken abroad for which alterations or repairs were performed abroad.

**D. LIST OF ARTICLES**

(1) ITEM NUMBER CHECKED IN PART IV, A, B, C.	(2) DESCRIPTION OF MERCHANDISE	(3) VALUE OR COST OF REPAIRS	(4) FOREIGN MERCHANDISE TAKEN ABROAD THIS TRIP. State where in the U.S. the foreign merchandise was acquired or when and where it was previously declared to CBP.

**PART V -- CARRIER'S CERTIFICATE AND RELEASE ORDER**

The undersigned carrier, to whom of upon whose order the articles described in PART I, B., must be released, hereby certifies that the person named in Part I, 1., is the owner or consignee of such articles within the purview of section 484(h), Tariff Act of 1930.

In accordance with the provisions of section 484(h), Tariff Act of 1930, authority is hereby given to release the articles to such consignee.

1. NAME OF CARRIER	2. SIGNATURE OF AGENT (Print and sign) <span style="float: right;">Date</span>
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**PART VI -- CERTIFICATION TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY**

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

1. "X" One  
 A. Authorized Agent\* (From facts obtained from the importer)  B. Importer

2. SIGNATURE	3. DATE
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\*An Authorized Agent is defined as a person who has actual knowledge of the facts and who is specifically empowered under a power of attorney to execute this declaration (see 19 CFR 141.19, 141.32, 141.33).

<b>PART VII -- CBP USE ONLY</b> (Inspected and Released)	1. SIGNATURE OF CBP OFFICIAL	2. DATE
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TREASURY DEPARTMENT  
U.S. CUSTOMS SERVICE  
SUPPLEMENTAL DECLARATION FOR  
UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

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

2. Date of Birth 06/02/1982 | 3. Citizenship USA

4. Passport (Country and Number) \_\_\_\_\_

5. Social Security No. 099 66 2321 | 6. Resident Alien No. \_\_\_\_\_

7. U.S. Address 41 Wellington Court | 10. Employer Bright Data  
Apt 3M

Staten Island, NY 10314 | 11. Position with Company Marketing Content  
Writer

8. Foreign Address \_\_\_\_\_ | 12. Length of Employment 7 months  
Shivat Teigon 4 Apt 13  
Tel Aviv, Israel 6004840 | 13. Nature of Business Hi-tech company

9. Reason for Moving Going to school | 14. Name and Telephone of Company Official Who Can Verify  
PHD in Clinical Psychology Above Information  
at City College in New York City Limor

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 \_\_\_\_\_



**A. UNIVERS TRANSIT LTD.**

*BECAUSE WE CARE...*

Shipper Name: Halper Shaun  
Packing Job Date: 15 Jul 2021  
Origin Address: Israel  
Destination Address: USA

### PACKING INVENTORY

No.	Description	Comment	Box Type	Room
1	Clothes		Medium Box	-----
2	Books		Book/Small Box	-----
3	Kitchen		Wrapped	-----
4	Books		Book/Small Box	-----
5	Clothes		Medium Box	-----
6	Clothes		Medium Box	-----
7	Kitchen		Wrapped	-----
8	Books		Book/Small Box	-----
9	Books		Book/Small Box	-----
10	Clothes		Medium Box	-----
11	Clothes		Medium Box	-----
12	Books		Book/Small Box	-----
13	Books		Book/Small Box	-----
14	Books		Book/Small Box	-----
15	Books		Book/Small Box	-----

**Total Number of Packages: 15**

Used Boxes:

### Packages Summary

Owner Signature \_\_\_\_\_

Company's Signature \_\_\_\_\_