

Shipper

AVITAN DORON  
HATAVOR 51  
YOKNEAM ELITE

**LINER BILL OF LADING**  
COPY NON-NEGOTIABLE

SMRK 2041775  
Reference No.  
4020129

Consignee

AVITAN DORON  
ORLANDO, FL  
USA

CUSTOMS & FORWARDING AGENCY

**OSHFIR**  
IMPORT & EXPORT LTD

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

Notify address

FLATRATE INTERNATIONAL  
27 BRUCKNER BLVD  
BRONX. NY 10454  
TEL: 7184755786 EXT 137

For delivery apply to:

Pre-carriage by FLATRATE INTERNATIONAL Place of receipt by pre-carrier\*

Vessel ZIM QINGDAO Port of loading HAIFA, ISRAEL

Port of discharge NEW YORK Place of delivery by on carrier\*

SEAMAR FREIGHT INTERNATIONAL\*\*  
167-14 146 ROAD,  
JAMAICA, NY 11434 USA  
TEL:718-5535333 FAX:718-5530708

Marks and Nos.	Number and kind of packages; description of goods	Gross weight	Measurement
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AVITAL DORON ORLANDO, FL USA	1 SKID SLAC: 1 SKID OF USED HOUSEHOLD GOODS HS CODE 9905.00	348.00	2.570
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\*\*EXPRESS B/L\*\*

Copy for testing

Particulars furnished by the Merchant

<p>Freight details, charges etc.</p> <p>Stuft Cont.No. ZCSU-777980-2 CFS</p>	<p><b>BILL OF LADING</b></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>(Terms to continue on back hereof)</p> <p>Excess value declaration refer to clause 6 (4) (B) + (C) on reverse side.</p>
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Shipped on board	Freight payable at	Place and date issue	
Date	Number of original Bs/L	Signature	
Signed by	PREPAID		12/08/22
12/08/22			

The State of Israel / Israel Tax Authority  
 Power of Attorney for a Customs Agent  
 (Sections 168 and 169 to the Customs Ordinance)  
 Customs Form 165 (version H)



X I, the undersigned Doron Avitan  
(first name + last name / name of company)  
 X Address Hatakor 51/3 Yokneam Elite  
 LD number / Corporation registration number \_\_\_\_\_

Hereby appoint as my customs agent \_\_\_\_\_  
 To be my authorized representative and to perform the required customs operations (as specified below in sections 1-4) as regards to the following goods (hereinafter- the goods):\*

The said customs agent shall be authorized to execute in my name and on my behalf the following operations, in whole or in part regarding the above mentioned goods and any matter connected thereto, as follows:

1. To perform customs operations in relation to the importation of the goods\*\*.
2. To perform customs operations in relation to the exportation of the goods.
3. To act in my name and on my behalf, in the following matters:
  - A. Dealing with deposits for \_\_\_\_\_ (year) \*\*
  - B. Dealing with deposits for the following import declaration: \_\_\_\_\_
  - C. Submit claims for drawbacks or tax refunds related to the goods, detailed in the following import declarations:  
 \_\_\_\_\_
  - D. In accordance with a detailed list that is enclosed and signed by the customs agent and the importer and that is an inseparable part of this power of attorney.

X 4. To transfer this power of attorney, in whole or in part, to another customs agent, with right of transfer to others, to fire them or to appoint others to act on their behalf, and to perform all the operations that are specified in this power of attorney, as far as he finds it appropriate; and I hereby authorize in advance his acts or the acts of persons acting on his behalf, under this power of attorney.

02/06/2022 Doron Avitan 022826630 [Signature]  
 Date Name I.D number Signature

\_\_\_\_\_  
 Name of company Stamp

I hereby authorize customs agent \_\_\_\_\_ I.D./Company registration number \_\_\_\_\_  
 to receive on my behalf any funds due to me from the Israel Tax Authority as set forth at in Paragraphs 3A and/or 3B and /or 3C.

\*\*The importer is obliged to inform the Israel Tax Authority on the revocation of the power of attorney, as provided in Paragraph 3A, before the end of the tax year.

\_\_\_\_\_  
 Date Name I.D Signature

\_\_\_\_\_  
 Name of company Stamp

I hereby certify the signature of the above principal:\*\*\*

\_\_\_\_\_  
 Date Name I.D Signature and stamp

\* Certain goods may be specified, or it can be indicated that this power of attorney refers to all the goods imported and / or exported by the principal.  
 \*\*\* The person certifying the signature must be one of the following: a Customs agent / a Licensed clerk / an attorney / an accountant / a tax consultant / a customs official.

General remark: A copy of the principal's I.D. / a Certificate of Registration must be attached to this power of attorney.





**POWER OF ATTORNEY - to clear my personal effects shipment through U.S. Customs**

Section 141.5, Title 19, United States Code of Federal Regulations requires a Customs House Broker to obtain a valid Power of Attorney before transacting business in the name of his principal (Importer of Records).

To expedite clearance of your shipment and to comply with U.S. Customs regulations, please complete the information as requested below (X).

KNOW ALL MEN BY THESE PRESENTS: That, (X) Doron Avitan  
(Full name of Shipper)

Residing at (X) 1700 Hooks street #9108, Clearmont FL. 34711  
(U.S. Address)

hereby constitutes and appoints the following Customs House Broker:

as a true and lawful agent and attorney of the grantor named above for and in the name, place, And stead of said grantor from this date and in all Customs Districts, and in no other name, to make, endorse, sign, declare, or swear to any entry, withdrawal, declaration, certificate, bill of lading, carnet or other document required by law or regulation in connection with the importation, transportation, or exportation of any merchandise shipped or consigned by or to said grantor; to perform any act or condition which may be required by law or regulation in connection with such merchandise; to receive any merchandise deliverable to said grantor;

To make endorsements on bills of lading conferring authority to transfer title, make entry or collect drawback, and to make, sign, declare, or swear to any statement, supplemental statement, schedule, supplemental schedule, certificate of delivery, certificate of manufacture, certificate of manufacture and delivery, abstract of manufacturing records, declaration of proprietor on drawback entry, declaration of exporter on drawback entry, or any other affidavit or document which may be required by law or regulation for drawback purposes, regardless of whether such bill of lading, sworn statement, schedule, certificate, abstract, declaration, or other affidavit or document is intended for filing in any customs district;

To sign, seal, and deliver for and as the act of said grantor any bond required by law or regulation in connection with the entry or withdrawal of imported merchandise or merchandise exported with or without benefit of drawback, or in connection with the entry, clearance, lading, unlading or navigation of any vessel or other means of conveyance owned or operated by said grantor, and any and all bonds which may be voluntarily given and accepted under applicable Laws and regulations, consignee's and owner's declarations provided for in section 485, Tariff Act of 1930, as amended or affidavits in connection with the entry of merchandise.

To sign and swear to any document and to perform any act that may be necessary or required by law or regulation in connection with the entering, clearing, lading, unlading, or operation of any vessel or other means of conveyance owned or operated by said grantor;

And generally to transact at the customshouses in any district, any and all customs business, including making, signing, and filing of protests under section 514 of the Tariff Act of 1930, in which said grantor is or may be concerned or interested and which may properly be transacted or performed by an agent and attorney, giving to said agent and attorney full power and authority to do anything whatever requisite and necessary to be done in the premises as fully as said grantor could do if present and acting, hereby ratifying and confirming all that the said agent and attorney shall lawfully do by virtue of these presents: the foregoing power of attorney to remain in full force and effect until the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, or until notice of revocation in writing is duly given to and received by a District Director of Customs. If the donor of this power of attorney is a partnership, the said power shall in no case have any force or effect after the expiration of 2 years from the date of its execution.

IN WITNESS WHEREOF, the said (X) Doron Avitan  
(Full name of shipper)

has caused these presents to be signed (X) [Signature] DATE (X) 02/06/03  
(Signature of Shipper)

WITNESSED BY (X) \_\_\_\_\_ (X) \_\_\_\_\_  
(Witness name) (Witness Signature)

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

DECLARATION FOR FREE ENTRY  
OF UNACCOMPANIED ARTICLES

19 CFR 148.6, 148.52, 148.53, 148.77

FORM APPROVED OMB NO. 1651-0014

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 the 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) <i>Doron Avitan</i>		2. IMPORTER'S DATE OF BIRTH <i>08/01/1967</i>	3. IMPORTER'S DATE OF ARRIVAL
4. IMPORTER'S U.S. ADDRESS <i>1700 Hooks street #9108 clermont FL. 34711</i>		5. IMPORTER'S PORT OF ARRIVAL	
7. NAME(S) OF ACCOMPANYING HOUSEHOLD MEMBERS (wife, husband, minor children, etc.) <i>Sila Avitan, Amy Avitan</i>			
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 AWS OR LT. 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 (\* appropriate box)  
I declare that my place of residence abroad  is  was

C. RESIDENCY STATUS UPON MY/OUR ARRIVAL (\* 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):

<p><b>A. Applicable to RESIDENT AND NONRESIDENT</b></p> <p><input 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)</p> <p><input 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)</p> <p><b>B. Applicable to RESIDENT ONLY</b></p> <p><input checked="" type="checkbox"/> All personal effects for which free entry is sought were taken abroad by me or for my account. (9804.00.45, HTSUSA)</p>	<p><b>C. Applicable to NONRESIDENT ONLY</b></p> <p><input type="checkbox"/> (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)</p> <p><input type="checkbox"/> (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)</p>
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**PART III - TO BE COMPLETED BY U.S. PERSONNEL AND EVACUEES ONLY**

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

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

2. Date of Birth 08/01/1967 | 3. Citizenship U.S.

4. Passport (Country and Number) U.S. 581512086

5. Social Security No. 078684303 | 6. Resident Alien No. \_\_\_\_\_

7. U.S. Address 1700 Hook street | 10. Employer \_\_\_\_\_  
#9108, clermont Pl. 34711

11. Position with Company \_\_\_\_\_

8. Foreign Address Hataror 513  
Yokneam Elite, ISRAEL | 12. Length of Employment \_\_\_\_\_

13. Nature of Business \_\_\_\_\_

9. Reason for Moving coming home | 14. Name and Telephone of Company Official Who Can Verify  
Above Information \_\_\_\_\_


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 02/06/2022



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 <b>Doron Avitan</b>		Account		Job number	
Loading address / details <b>Hataavor st. 51/3 ירוקם 51/3 ירוקם yokneam.</b>			Address of destination / details <b>1700 Hooks street #9108 clermont FL. 34711</b>		
Phone 1	<b>053-6000691</b>	Phone 1	<b>772-3101475</b>		
Phone 2	<b>058-4018583</b>	Phone 2			
Phone cell		Phone cell			
Facsimile		Facsimile			
Email (very important)	<b>Gilaavitan@hotmail.com</b>	Email (very important)	<b>Gilaavitan@hotmail.com</b>		
Date you depart from this address	<b>28.08.2022</b>	Date you arrive at this address	<b>28.08.2022</b>		
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) <b>Avitan Amir 1700 Hooks street #9108 clermont FL. 34711</b>			Contact address / details 2)		
Phone 1	<b>772-3101475</b>	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		<b>A.S.A.P. AFTER PACKING</b>	<b>AT MY CALL</b>	<b>ON A CERTAIN DATE:</b>	
Service requested				<b>FULL-SERVICE INTO NEW RESIDENCE</b>	
Place		Date		Signature	





A. UNIVERS TRANSIT LTD.  
INTERNATIONAL MOVERS YOUR PARTNER IN ISRAEL

ISHLAV ישרוב  
INSURANCE AGENCY LTD. אג'ת ביטוחים

1975

שרת ביטוחים  
לפי חוק הביטוחים  
מס' 100/57 תשנ"ה

INSURANCE FORM

x NAME OF ASSURED: Doron Avitan  
 x ADDRESS: Hatavor 51/3 Yokneam Elite  
 x TELEPHONE NO.: 053-6000691 (Israel) 772-3101475 (Florida)  
 x FROM: Hatavor 51/3 Yokneam Elite  
 x TO: 1700 Hooks street #9108, Clermont FL. 34711  
 CONSIGNEE'S ADDRESS AT DESTINATION:

NAME OF VESSEL / AIRFREIGHT: \_\_\_\_\_

ESTIMATED DATE OF SHIPMENT: \_\_\_\_\_

CALCULATION OF INVENTORY LIST

x GRAND TOTAL  
 MARINE INSURANCE US\$ 5600  
 AIR INSURANCE VALUE US\$ \_\_\_\_\_

DECLARATION OF THE PROPOSER

I DECLARE THAT I HAVE READ THE TERMS OF COVER ON THE CERTIFICATE OF MARINE INSURANCE AND UNDERSTAND THAT THESE FROM THE BASIS OF THE PROPOSED CONTRACT BETWEEN ME AND INSURERS.

I KNOW THAT THERE IS NO COVER FOR STORAGE, OTHER THAN IN THE ORDINARY COURSE OF TRANSIT, AND NOT MORE THAN 30 DAYS FROM TIME OF ARRIVAL OF GOODS TO THE INTENDED DESTINATION.

I ALSO DECLARE THAT THE AMOUNTS SHOWN ARE THE FULL REPLACEMENT VALUES OF THE GOODS AT DESTINATION (VALUABLE ITEMS & ARTICLES HAVE TO BE ITEMIZED SEPARATELY).

I CONFIRM THAT I HAVE DECLARED ALL ITEMS WITH ALL DETAILS REQUESTED.

I KNOW THERE IS NO COVER FOR VALUABLE ITEMS SUCH AS JEWELRY, MONEY, CAMERAS, GLASSES, MONEY ETC.

I HAVE LISTED SEPARATELY ALL ITEMS OF ABOVE AVERAGE VALUE AND PROVIDED A DETAILS LIST OF ALL OWNER PACKED ITEMS.

I KNOW THAT THE INSURANCE POLICY IS SUBJECT TO AN EXCESS (DEDUCTIBLE)

IN THE EVENT OF LOSS OR DAMAGE WHICH MAY GIVE RISE TO A CLAIM UNDER THIS INSURANCE NOTICE MUST BE GIVEN WITHIN 14 DAYS FROM TIME OF ARRIVAL OF GOODS TO THE INTENDED DESTINATION.

LOSS AND/OR DAMAGE DUE TO MECHANICAL, ELECTRICAL AND/OR ELECTRONIC DERANGEMENTS ARE EXPRESSLY EXCLUDED FROM THIS INSURANCE.

THIS INVENTORY VALUATION LIST & THE CERTIFICATE OF MARINE INSURANCE ARE INSEPARABLY PART OF THE MAIN OPEN POLICY.

x SIGNATURE [Signature]

DATE 02/06/2022



A. UNIVERS TRANSIT LTD.

### INSURANCE APPLICATION FORM

\* Insured Name: Doron Avitan Moving Date: 28.08.2012 Moving By (Tick)  SEA  AIR  LAND

\* Origin Address: Hatavor 51/3 yorkeam Elite

\* Destination Address: 1700 Hooks street #9102 clermont FL. 34711

Please declare the replacement cost at destination of all items in your shipment below or submit your own listing of items and their replacement cost.  
IMPORTANT: Items not declared and valued are not insured.

No.	Quant.	Products Name	Total Price
<i>Major Electrical Appliances:</i>			
1		Refrigerator	
2		Air Conditioner	
3		Camera	
4		Television	
5		Deep Freezer	
6		Dishwasher	
7		Dryer	
8		Fax Machine	
9		Lap Top	
10		Computer	
11		Printer	
12		Microwave	
13		Stove Range	
14		VCR	
15		Washing Machine	
16		Stereo System	
17			
18			
19			
<i>Appliances &amp; Home Electronics</i>			
20		Answering Machine	
21		Alarm Clock	
22		Clock	
23		Car Radio	
24		CD for Car	
25		Coffe Maker	
26		Compact Disc	
27		Drill	
28		Electrical Blanket	
29		Kettle	
30		Mixer	
31		Hand Mixer	
32		Electric Saw	
33		Fan/ Ventilator	
34		BBQ Grill	
35		Heater	
36		Iron	
37		Juicer	
38		Telephone	
39		Sewing Machine	
40		Vacum Cleaner	
41		Walkman	
42			

No.	Quant.	Products Name	Total Price
<i>Dining Room &amp; Kitchenware</i>			
43		Dining Table	
44		Dining Chair	
45		Glassware	
46		Crystalware	
47	10	Pots & Pans	\$1000
48		Silverware	\$1200
49		Dishes	
50		Kitchen Linens	
51		Utensils/ Cutlery	
52		Bowls, Trays, etc.	
53			
54			
55			
<i>Clothing &amp; Textile</i>			
56		Children's Clothing	
57		Children's Shoes	
58		Men's Clothing	\$500
59		Men's Shoes	
60		Women's Clothing	\$1000
61		Women's Shoes	\$500
62		Suits	
63		Jackets	
64		Leather Clothing	
65		Coats	\$300
66		Fur Coats	
67		Boots	
68		Underwear	
69			
70			
71			
<i>Children's Items</i>			
72		Bath Tub	
73		Baby's Bed	
74		Car Seat	
75		Carriage	
76		Dressing Table	
77		Baby's Chest	
78		High Chair	
79		Toys/ Games	
80		Walker	
81		Scale	
82			

112 qt 916-01 0910

\* Signature: [Handwritten Signature]



A. UNIVERS TRANSIT LTD.

### INSURANCE APPLICATION FORM

No.	Quant.	Products Name	Total Price	No.	Quant.	Products Name	Total Price	
<i>Furniture</i>				<i>Sports &amp; Camping Equipment</i>				
84		Arm Chair		132		Boat		
85		Bar		133		Cooler		
86		Bed		134		Diving Equipment		
87		Mattress		135		Exercise Bike		
88		Bookcase		136		Boat Engine		
89		Chair		137		Fishing Equipment		
90		Table		138		Gas Lamp		
91		Coffee Table		139		Jet Ski		
92		Corner Table		140		Gas Stove		
93		Dinning Room Set		141		Sleeping Bag		
94		Dresser		142		Ski Equipment		
95		Garden Furniture		143		Telescope		
96		Kitchen Table		144		Binoculars		
97		Love Seat		145		Tent		
98		Make Up Table		146		Thermos		
99		Mirror		147		Water-Ski Equipment		
100		Cupboard		148				
101		Cabinet		149				
102		Night Table		150				
103		Rocking Chair		<i>Various Household Items</i>				
104		Shelves		151		Lamp		
105		Sofa		152		Bath Assec.		
106		Couch		153	10	Blanket	\$500	
107		TV Table		154		Linen		
108		Chest of Drawer		155		Books		
109		Wardrobe\ Armoire		156		Covers		
110		Double Bed		157		Curtains		
111		Office Chair		158		Painting\ Picture		
112		Desk		159	not	Photo Album	\$1500	
113				160		Pillows		
114				161		Sculptures\ Statues		
115				162		Suitcase		
116				163		Towels		
117				164				
118				165				
<i>Musical Instruments</i>				166				
119		Acordeon		167				
120		Cello		168				
121		Drums		169				
122		Flute		170				
123		Guitar						
124		Harp						
125		Organ						
126		Piano						
127		Saxophone						
128		Violin						
129	1	<del>ukulele</del> ukulele	\$100					
130								
131								

**TOTAL INSURANCE VALUE:**

Grand Total Insurance Value: \$ 5,600 \*

Currency: U.S. \*

With my signature on this page I confirm that I have read & confirm the terms & condition of insurance company

202 97 96-01 0910  
\* Full Name: Doron Avitan, Date: 02/06/2022 Signature: \*

To :  
Customs Authorities  
B.G. Airport / Ashdod / Haifa Port.

Date: 02/06/2022

Dear Madam / Sir.

Re : **Declaration for Personal Effects Shipping of Overseas.**

- X 1. I hereby am sending my personal effects overseas for the following reasons :
- Personal reasons.    Employment reasons.    Studies reasons.  
 Other reasons : \_\_\_\_\_
2. I am remaining and sending personal effects to :    Family.    Others.  
Detail : \_\_\_\_\_
3. I was born in Israel and declare that I    Did /  Did not use returning citizen rights during the last six years.
4. Hereby I declare that I made Aliya to Israel on \_\_\_\_\_ and    Did /  Did not use Oleh Hadash rights during the last six years.
- X 5. Reciever's full name : Doron Avitan  
Reciever's full adress : 1700 Hooks street  
Clermont Fl. 34711  
\_\_\_\_\_  
Tel. no. incl. local code : 772-3101475  
Fax no. incl. local code : \_\_\_\_\_

Hereby I declare that all above details are true and correct, and goods are send for personal use only.

X Doron Avitan   022826630   31735129   02/06/2022   [Signature]  
Full name   I.D. No.   Passport No.   Date   Signature

X Full address in Israel : Hatavor 51/3 yokneam Eilat



Shipper Name:  
Packing Job Date:  
Origin Address:  
Destination Address:

Doron Avitan  
29 Jun 2022

PACKING INVENTORY

No.	Description	Comment	Box Type	Room
1	Clothes		Medium Box	-----
2	Kitchenware		Book/Small Box	-----
3	Blankets		Wrapped	-----
4	Towels		Medium Box	-----
5	Clothes		Medium Box	-----
6	Office Supplies		Medium Box	-----
7	Office Supplies		Medium Box	-----
8	Office Supplies		Medium Box	-----
9	Kitchenware		Book/Small Box	-----
10	Books		Book/Small Box	-----
11	Kitchenware		Book/Small Box	-----
12	Kitchenware		Book/Small Box	-----
13	Kitchenware		Book/Small Box	-----
14	Kitchenware		Book/Small Box	-----
15	Office Supplies		Medium Box	-----
16	Photo Albums		Book/Small Box	-----
17	Kitchenware		Book/Small Box	-----
18	Clothes		Medium Box	-----
19	Kitchenware		Book/Small Box	-----
20	Kitchenware		Book/Small Box	-----
21	Kitchenware		Book/Small Box	-----
22	Kitchenware		Book/Small Box	-----
23	Kitchenware		Book/Small Box	-----
24	Kitchenware		Book/Small Box	-----
25	Kitchenware		Book/Small Box	-----
<b>Total Number of Packages: 25</b>				

Used Boxes:

**Packages Summary**

Box Name	Quantity
Book/Small Box	16
Medium Box	8
Wrapped	1

ltrlOwnerSignature

ltrlPackerSignature

Owner Signature

Company's Signature