

Shipper

A.UNIVERS TRANSIT LTD
 AH SHARON 5, AIRPORT CITY 7015101
 ISRAEL T:972 (0) 088563145

LINER BILL OF LADING HFA /FXT/2043021/22

4020667/1
 Reference No.

Consignee

ROTHCHILD AVIEZER
 REGENCY71@HOTMAIL.COM
 C/O EUROGROUP INTERNATIONAL MOVERS
 74/75 FRED DANNATT ROAD
 MILDENHALL, SUFFOLK IP28 7RD, UK**

CUSTOMS & FORWARDING AGENCY
OSHFIR
 IMPORT & EXPORT LTD

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

Notify address

SAME AS CONSIGNEE
 **TEL:+44 (0)1638 515 335
 N:IMPORTS@THEEUROGROUP.COM

For delivery apply to:

Pre-carriage by*	Place of receipt by pre-carrier*
Vessel	Port of loading
MSC LAUSANNE V233	HAIFA, ISRAEL
Port of discharge	Place of delivery by on carrier*
LONDON GATEWAY	FELIXSTOWE

ECU WORLDWIDE UK GB631710472000
 1ST FLOOR, PHOENIX PLACE
 CHERISTOPHER MARTIN ROAD, BASILDON
 BASILDON SS14 3GQ, UNITED KINGDOM
 D: 01268 535436 / 01268 535401

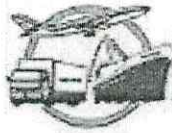
Marks and Nos.	Number and kind of packages; description of goods	Gross weight	Measurement
	1 PACKAGES STC: USED HOUSEHOLD IMPORTS@ THE-EUROGROUP.COM ** EXPRESS B/L **	340.00	6.110

Particulars furnished by the Merchant

Clean On Board 18/08/22

Freight details, charges etc. CFS TRLU-890006-9 20RG 2240610	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. 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 if 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 hereof)
Excess value declaration refer to clause 6 (4) (B) + (C) on reverse side.	

Shipped on board Date	Signed by	Freight payable at PREPAID Number of original Bs/L	Place and date issue Signature
			18/08/22



PACKING INVENTORY

Shipper Name: ROTHSCHILD AVIEZER
Packing Job Date: 03 Jul 2022
Origin Address: Israel
Destination Address: Kent, United Kingdom



Packed Items

Package#	Item	Comment	Wrapping	Room
1	Chair, Arm		Wrapped	---
2	Sofa		Wrapped	---

Total Number of Packages: 2

Used Boxes Count

Box Type	Quantity
Wrapped	2

Shipper Signature on packing

Shipper: ROTHSCHILD AVIEZER

03 Jul 2022

Foreman Signature on packing

Foreman: max glazer

A. Univers Transit Ltd.

Shipper Signature on delivery

Name: _____

Date: _____

Delivery Driver Signature

Name: _____

Company: _____



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	Account	Job number
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Loading address / details Hadudbevan 203 Beer Yaakov	Address of destination / details 8 Hockers Close Detling UK (Kent)
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Phone 1	Phone 1
Phone 2 (Avi) 058-554-2045	Phone 2 (Omri) 44 7887 606872
Phone cell (Avi)	Phone cell (Omri) 44 7866 432199
Facsimile	Facsimile
Email (very important) (Avi) Rigency 71@hotmail.com	Email (very important) (Omri) r-omri@yahoo.co.uk
Date you depart from this address	Date you arrive at this address

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)	Contact address / details 2)
------------------------------	------------------------------

Phone 1	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	A.S.A.P. AFTER PACKING	AT MY CALL	ON A CERTAIN DATE:
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Service requested	FULL-SERVICE INTO NEW RESIDENCE
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Place Airport City	Date 21/6/22	Signature
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Insurance Application Form

NAME OF ASSURED:.....

AVI ZER ROTHCHILD

ADDRESS:.....

203 HAGUVEVAH ST.

TELEPHONE NO.....

BEER YAACOV
0585542045

FROM:.....

ISRAEL

TO:.....

UK

CONSIGNEE'S ADDRESS AT DESTINATION:

8 HOCKED CLOSE
DETROIT MI 48214 3JR

NAME OF VESSEL / AIRFREIGHT. :.....

ESTIMATED DATE OF SHIPMENT:.....

CALCULATION OF INVENTORY LIST

GRAND TOTAL

MARINE INSURANCE US\$

\$2000

X

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 FORM 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.

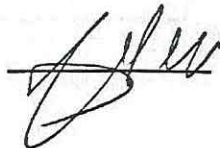
I KNOW THAT THE INSURANCE POLICY IS SUBJECT TO AN EXCESS (DEDUCTIBLE)

IN THE EVENT OF LOSS OR DAMAGE WHICH MAY GIVE RISE TO A CLAIM UNDER THIS INSURANCE. NOTICE MUST BE GIVEN WITH IN 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 INSEPERATELY PART OF THE MAIN OPEN POLICY.

SIGNATURE.....



DATE:.....

X 21/6/22

INSURANCE APPLICATION FORM

Insured Name:	Moving Date	Moving By (Tick) <input checked="" type="checkbox"/> SEA <input type="checkbox"/> AIR <input type="checkbox"/> LAND
Origin Address:	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.	
Destination Address:		

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			
20			
21			
22			
23			
<i>Appliances & Home Electronics</i>			
24		Answering Machine	
25		Alarm Clock	
26		Clock	
27		Car Radio	
28		CD for Car	
29		Coffe Maker	
30		Compact Disc	
31		Drill	
32		Electrical Blanket	
33		Kettle	
34		Mixer	
35		Hand Mixer	
36		Electric Saw	
37		Fan\ Ventilator	
38		BBQ\ Grill	
39		Heater	
40		Iron	
41		Juicer	
42		Telephone	
43		Sewing Machine	
44		Vacum Cleaner	
45		Walkman	
46			
47			
48			
49			
50			
51			
52			

No.	Quant.	Products Name	Total Price
<i>Dining Room & Kitchenware</i>			
53		Dining Table	
54		Dining Chair	
55		Glassware	
56		Crystalware	
57		Pots & Pans	
58		Silverware	
59		Dishes	
60		Kitchen Linens	
61		Utensils\ Cutlery	
62		Bowls, Trays, etc.	
63			
64			
65			
66			
67			
<i>Clothing & Textile</i>			
68		Children's Clothing	
69		Children's Shoes	
70		Men's Clothing	
71		Men's Shoes	
72		Women's Clothing	
73		Women's Shoes	
74		Suits	
75		Jackets	
76		Leather Clothing	
77		Coats	
78		Fur Coats	
79		Boots	
80		Underwear	
81			
82			
83			
84			
85			
<i>Children's Items</i>			
86		Bath Tub	
87		Baby's Bed	
88		Car Seat	
89		Carriage	
90		Dressing Table	
91		Baby's Chest	
92		High Chair	
93		Toys\ Games	
94		Walker	
95		Scale	
96			
97			
98			
99			
100			


 Signature

INSURANCE APPLICATION FORM

No.	Quant.	Products Name	Total Price
<i>Furniture</i>			
101	1	Arm Chair	500
102		Bar	
103		Bed	
104		Mattress	
105		Bookcase	
106		Chair	
107		Table	
108		Coffee Table	
109		Corner Table	
110		Dinning Room Set	
111		Dresser	
112		Garden Furniture	
113		Kitchen Table	
114		Love Seat	
115		Make Up Table	
116		Mirror	
117		Cupboard	
118		Cabinet	
119		Night Table	
120		Rocking Chair	
121		Shelves	
122	1	Sofa	1500
123		Couch	
124		TV Table	
125		Chest of Drawer	
126		Wardrobe\ Armoire	
127		Double Bed	
128		Office Chair	
129		Desk	
130			
131			
132			
133			
134			
135			
<i>Musical Instruments</i>			
136		Acordeon	
137		Cello	
138		Drums	
139		Flute	
140		Guitar	
141		Harp	
142		Organ	
143		Piano	
144		Saxophone	
145		Violin	
146			
147			
148			

No.	Quant.	Products Name	Total Price
<i>Sports & Camping Equipment</i>			
149		Boat	
150		Cooler	
151		Diving Equipment	
152		Exercise Bike	
153		Boat Engine	
154		Fishing Equipment	
155		Gas Lamp	
156		Jet Ski	
157		Gas Stove	
158		Sleeping Bag	
159		Ski Equipment	
160		Telescope	
161		Binoculars	
162		Tent	
163		Thermos	
164		Water-Ski Equipment	
165			
166			
167			
<i>Various Household Items</i>			
168		Lamp	
169		Bath Assec.	
170		Blanket	
171		Linen	
172		Books	
173		Covers	
174		Curtains	
175		Painting\ Picture	
176		Photo Album	
177		Pillows	
178		Sculptures\ Statues	
179		Suitcase	
180		Towels	
181			
182			
183			
184			
185			
186			
187			

TOTAL INSURANCE VALUE:

Grand Total Insurance Value \$2000 -0.00

Currency --> USD

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

Date: 21/6/22

Full Name LAVIEZER
ROTHSCHILD

Signature R. [Signature]

212 9T 9/6-01 0010