

Shipper  
 MICHAILOV ORLI  
 SHIMEON 12  
 KIRYAT BIALIK

**LINER BILL OF LADING** HFA /TOR/2045139/23

4021784/1  
 Reference No.

Consignee  
 CMICHAILOV ORLI  
 14 INVERNESS CRESCENT  
 RIVERVIEW, NB E1B 3Z5  
 CANADA



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

Notify address  
 MACKIE MOVING SYSTEM  
 325 FRENETTE AVE UNIT 2  
 MONCTON NB E1H 3S5  
 SERGIO.NADEAU@GMAIL.COM  
 TEL: 506.857-0341

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

Pre-carriage by*	Place of receipt by pre-carrier*
Vessel	Port of loading
MSC FLORENTIN V320	HAIFA, ISRAEL
Port of discharge	Place of delivery by on carrier*
VALENCIA	TORONTO

Marks and Nos.	Number and kind of packages; description of goods	Gross weight	Measurement
MICHAILOV ORLI	2 PALLETS STC: 41 PKGS PACKED ON 2 PALLETS OF PERSONAL EFFECTS HS CODE 6309.00 **EXPRESS B/L**	805.00	6.930

*Copy for testing*

Particulars furnished by the Merchant

Clean On Board 19/05/23

Freight details, charges ets.  CFS MSMU-128170-0 20RG 2263595	<b>BILL OF LADING</b>  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 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 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 _____ 19/05/23
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Government  
of Canada

Gouvernement  
du Canada

PERMANENT  
RESIDENT  
CARD

CARTE DE  
RÉSIDENT  
PERMANENT

Name/*Nom*  
**MICHAILOV  
ORLI**

ID No/*N° ID*  
**6626-1824**

Sex/*Sexe*    Nationality/*Nationalité*  
**F            ISR**

Date of Birth/*Date de naissance*  
**26 MAR /MARS 78**

Expiry/*Expiration*  
**17 SEP /SEPT 25**



MICHAILOV ORLI



Canada





### PACKING INVENTORY

Shipper Name: MICHAIOV ORLI  
 Packing Job Date: 23 Apr 2023  
 Origin Address: Israel  
 Destination Address: Canada



#### Packed Items

Package#	Item	Comment	Wrapping	Room
1	Picture		Flat Box	_____
2	picnic items		Wrapped	_____
3	tools		Wrapped	_____
4	Bags		Medium Box	_____
5	Toys		Large Box	_____
6	Toys		Large Box	_____
7	Kitchen		Wrapped	_____
8	Kitchen		Wrapped	_____
9	Kitchen		Wrapped	_____
10	Kitchen		Wrapped	_____
11	Kitchen		Wrapped	_____
12	Kitchen		Wrapped	_____
13	Kitchen		Wrapped	_____
14	Linen		Medium Box	_____
15	Shoes		Medium Box	_____
16	Guitar		Wrapped	_____
17	Decorations		Wrapped	_____
18	Books		Book/Small Box	_____
19	Linen		Medium Box	_____
20	Kitchen		Wrapped	_____
21	Kitchen		Wrapped	_____
22	Kitchen		Wrapped	_____
23	Kitchen		Wrapped	_____
24	Kitchen		Wrapped	_____
25	Kitchen		Wrapped	_____
26	carpet		Wrapped	_____
27	Books		Book/Small Box	_____
28	Kitchen		Wrapped	_____
29	carpet		Wrapped	_____
30	Kitchen		Wrapped	_____
31	Computer	ibm 8169	Wrapped	_____
32	tools		Wrapped	_____
33	tools		Wrapped	_____

Shipper Signature on packing

Shipper: MICHAIOV ORLI

Foreman Signature on packing

Foreman: max glazer

A. Univers Transit Ltd.

Shipper Signature on delivery

Name: \_\_\_\_\_

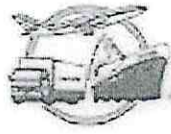
Date \_\_\_\_\_

Delivery Driver Signature

Name: \_\_\_\_\_

Company: \_\_\_\_\_





34	Toys		Large Box	_____
35	Decorations		Wrapped	_____
36	Toolbox		Wrapped	_____
37	Linen		Medium Box	_____
38	Kitchen		Wrapped	_____
39	office documents		Wrapped	_____
40	tools		Wrapped	_____
41	Linen		Medium Box	_____

**Total Number of Packages: 41**

**Used Boxes Count**

Box Type	Quantity
_____	7
Book/Small Box	2
Large Box	3
Medium Box	6
Flat Box	1
Wrapped	22

Shipper Signature on packing

Shipper: MICHAILOV ORLI

Foreman Signature on packing

Foreman: max glazer

A. Univers Transit Ltd.

Shipper Signature on delivery

\_\_\_\_\_

Name: \_\_\_\_\_

Date \_\_\_\_\_

Delivery Driver Signature

\_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_