



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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<b>Loading address / details</b> AMNON LIPKIN SHACHAK 1 NATANYA 4272825 ISRAEL	<b>Address of destination / details</b> 2410 BASTILLE Ct MCKINNEY TX 75070 U.S.A
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Phone 1	054-4878949	Phone 1	ELHAI 214-300-8456
Phone 2	054-8986860	Phone 2	GROSMAN
Phone cell		Phone cell	
Email ( very important)		Email ( very important)	
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)
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Phone 1		Phone 1	
Phone 2		Phone 2	
Phone cell		Phone cell	
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	
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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>
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Service requested		<b>Standard-SERVICE INTO NEW RESIDENCE</b>	<b>FULL-SERVICE INTO NEW RESIDENCE</b>
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Place	Date	Signature
ID/ Passeport #		

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

Date : 14.1.24

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 : ELMAI GROSSMAN

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 : ELMAI GROSSMAN

Reciever's full adress : 2410 BASTILLE CT  
Mckinney TX  
75070 U.S.A

Tel. no. incl. local code : 214-300-8456

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 ESTHER GROSSMAN 054328992 40130620 14.1.24 [Signature]  
Full name                      I.D. No.                      Passport No.                      Date                      Signature

X Full address in Israel : AMNON LIPKIN SHACHAK 1 NATANYA  
4272825 ISRAEL



**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) \_\_\_\_\_  
(Full name of Shipper)

Residing at (X) 2410 Bastille Ct. McKinney TX 75070 U.S.A  
(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, unloading 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, unloading, 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) \_\_\_\_\_  
(Full name of shipper)

has caused these presents to be signed (X) \_\_\_\_\_ DATE (X) \_\_\_\_\_  
(Signature of Shipper)

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

**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.
	Clothing SHOES Kitchen Wair Books Furnitures Cosmetics Misc		

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

The undersigned carrier, to whom of upon whose order the articles described in PART I, 8., 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.

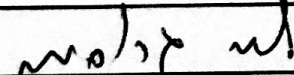
In accordance with the provisions of section 484(h), Tariff Act of 1930, authority is hereby given to release the articles to such consignee.

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 <span style="float: right;">14, 1, 24</span>
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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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**INSURANCE FORM**

x NAME OF ASSURED: MOSHE & ESTHER GRASMAN

x ADDRESS: \_\_\_\_\_

x TELEPHONE NO. : 054-4878949 054-8886860

x FROM: ISRAEL

x TO: U.S.A

CONSIGNEE'S ADDRESS AT DESTINATION:

x 2410 BASTILLE CT

MCKINNEY TX 75070

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

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

**CALCULATION OF INVENTORY LIST**

x GRAND TOTAL MARINE INSURANCE      US\$ 10,000

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 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.

x SIGNATURE *[Handwritten Signature]*

DATE 14.1.24



# INSURANCE APPLICATION FORM

Insured Name: **MOSHE & ESTHE GROSMAN**  
 Origin Address: \_\_\_\_\_  
 Destination Address: **2410 BASTILLE Ct McKinney TX 75070**

Moving Date: \_\_\_\_\_ Moving By (Tick)  
 SEA     AIR     LAND

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	1	Dining Table	\$2,000
44	8	Dining Chair	\$2,000
45		Glassware	
46		Crystalware	
47		Pots & Pans	
48		Silverware	
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	
59		Men's Shoes	
60		Women's Clothing	
61		Women's Shoes	
62		Suits	
63		Jackets	
64		Leather Clothing	
65		Coats	
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			

\* Signature: Moshe & Esthe

