SHERMER CWIRN HIRAM REGINALD BAR ILAN 20/4 TEL AVIV ISRAEL

LINER BILL OF LADING 4022849 1

Reference No.

Consumers Relocations
13-15 MAYVIC STREET
GREENACRE, NSW 2190
AUSTRALIA T:61 2 96420555
IMPORTS@PALMERSRELOCATIONS.COM.AU

NSHMEDDARS CONSIGNEE



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

For delivery apply to:

ECU WORLDWIDE AUSTRALIA P/L SUITE 2, 35-37 TULLMARINE PARK RD TULLAMARINE , VIC 3043 AUSTRALIA T:61 3 8336 8600

352.00

Pre-carriage by* Place of receipt by pre-carrier*

VEEM ANTWERP V.072 Port of loading PORT HAIFA

Part of discharge Annual Place of delivery by an carrier*

PSTNGAPORE PORT Place of delivery by Ey carrier TRALIA

Marks and Nos. Number and kind of packages; description of goods

Gross weight Measurement

HENNER CWIRN HIRAN REGINALD 1 PALLET

STC: 34 PKGS OF USED HOUSEHOLD GOODS H.S. CODE 392490/850811/ 570329/691200/490199/ 940360/491191 ** EXPRESS B/L **

Particulars furnished by the Merchant

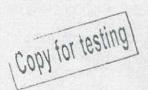
13/05/24

4.890

Freight details, charges ets.

CFS

BSIU-832012-1 40HC 123152390



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.

Clean On Board

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), it 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 nereof)

Excess value declaration refer to clause 6 (4) (B) + (C) on reverse side.

Shipped on board		Freight payable at PREPAID	Place and date issue	10/05/04
Date	Signed by	PREPAID		13/05/24
		Number of original Bs/L	Signature	
		0		

OBSERVATIONS



PASSPORT



Costs of assing I Crote de 1934 State AUS amothou

PA7599955 DOCUMENT No.



HENNER CWIRN

24 JAN 1967

26 MAR 2018 Date of paginy / Otto Chappendon 26 MAR 2028 AUSTRALIA

PETACH TIKVA

P<AUSHENNER<CWIRN<<HIRAM<REGINALD<<<<<<< PA75999556AUS6701240M2803261<AC254606P<<<<86



PACKING INVENTORY

Shipper Name:

HENNER CWIRN HIRAM REGINALD

Packing Job Date: Origin Address:

21 Apr 2024 Israel

Destination Address:

Australia



Packed Items

Package#	# Item	Comment	Wrapping	Room
1	Decorations		Wrapped	
2	Kitchenware		Book/Small Box	
Š	Decorations		Wrapped	
1	Kitchenware		Book/Small Box	
5	Kitchenware		Book/Small Box	
5	Kitchenware		Book/Small Box	
	Kitchenware		Book/Small Box	
3	Kitchenware		Book/Small Box	
)	Kitchenware	z.	Book/Small Box	
0	Picture		Flat Box	
1	Picture		Flat Box	
2	Picture		Flat Box	
3	Carpet		Wrapped	
4	Carpet		Wrapped	
5	Carpet		Wrapped	
6.	Coffee Table		Wrapped	
7	Coffee Table		Wrapped	
8	Night Table		Wrapped	
9	Books		Wrapped	
0	Kitchenware		Book/Small Box	
1	Suitcase		Wrapped	
	Vacuum Cleaner	2541		
2	Kitchenware		Book/Small Box	
3	Picture		Flat Box	
4	Picture		Flat Box	
5	Picture		Flat Box	
6	Picture		Flat Box	
7	Picture		Flat Box	
8	Picture		Flat Box	
9	Picture		Flat Box	
0	Picture		Flat Box	
1	Picture		Flat Box	(**************************************
2	Picture		Flat Box	

Shipper Signature on packing	Foreman Signature on packing	Shipper Signature on delivery	Delivery Driver Signature
	A		
Shipper:HENNER CWIRN HIRAM REGINALD	Foreman: Ilya Musienko	Name:	Name:
21 Apr 2024	A. Univers Transit Ltd.	Date	Company:



33	Picture	Flat Box	F-200-000-000-00
34	Picture	Flat Box	
35	Picture	Flat Box	*******
36	Picture	Flat Box	

Total Number of Packages: 36

Used Boxes Count

Box Type	Quantity
Book/Small Box	9
Flat Box	17
Wrapped	10

Shipper Signature on packing

Shipper:HENNER CWIRN HIRAM REGINALD

21 Apr 2024

Foreman Signature on packing

Foreman: Ilya Musienko

A. Univers Transit Ltd.

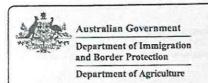
Shipper Signature on delivery Delivery Driver Signature

Name:_____

Name:_____

Date _____

Company:



UNACCOMPANIED PERSONAL **EFFECTS STATEMENT**

- This is a legally binding document and may be used as evidence.
 This statement must be completed in English (block letters), with all errors and alterations to be initialled.

WARNING

Do not carry drugs. Penalties for drug offences in Australia are severe. A false or misleading statement to an officer of Customs is an offence and may involve heavy penalties, including forfeiture of any goods concerned.

The Privacy Act 1988 says we must tell you why we are collecting this information, how we will use it and whether you have to give it to us.

This information is required to ensure travellers comply with customs, Biosecurity, Health, Wildlife and Currency laws.

We require this information under the Customs Act 1901, the Quarantine Act 1908, the Environment Protection and Biodiversity Conservation Amendment (Wildlife Protection) Act 2001 and the Financial Transaction Reports Act 1988. The Department of Immigration and Border Protection also needs the information to calculate the right amount of duties and taxes. Any questions you do not answer will be asked by an officer of Customs or an officer of the Department of Agriculture. The Department of Immigration and Border Protection and Department of Agriculture are not permitted to disclose this information or any supplementary information you give, except when authorised or required by law.

Address and telephone number of intended or actual Australian residential address Address and telephone number of intended or actual Australian residential address					Family name	
Sex Male Female Passport number Persons covered Myself Spouse Myself Spouse Number of children under 18 years of age Ow I arrived or intend to arrive in Australia On (airline flight number or ship name) Date, or estimated date, of arrival Country of departure Country of departure At (port or airport) Other countries visited Period of absence from Australia Period of absence from Australia On (airline flight number or ship name) At (port or airport) Other countries visited Period of absence from Australia Period of absence from Australia On (airline flight number or ship name) At (port or airport) On (airline flight number or ship name) At (port or airport) Container number Sea Bill or Air Waybill number Name of local business handling your personal effects for may clear your personal effects or nominate a representative such as a freight forwarder, customs broker, friend or relative to act on your behalf. If you wish to nominate somebody else, you must fill in the details of your nominee in the space provided below. Priver's licence number Place of issue Phone number Country of issue Occilaration declare that the above particulars are to the best of my knowledge true and correct.	HIRAM				HENNER - CWIR	
Sex Male Female Passport number PH 75 999 55 Persons covered by this statement. So Myself Spouse Name of spouse Ow I arrived or intend to arrive in Australia On (airline flight number or ship name) Date, or estimated date, of arrival Country of departure For returning residents only Other countries visited Period of absence from Australia How my personal effects arrived or will arrive By Mail: or By Air, or Sy Ses (if by air or sea then complete below) Consigned to me have arrived or are due to arrive. On (airline flight number or ship name) At (port or airport) Date, or estimated date, of arrival Consigned to me have arrived or are due to arrive. On (airline flight number or ship name) At (port or airport) Container number Sea Bill or Air Waybill number Name of local business handling your personal effects for mominate a representative such as a freight forwarder, customs broker, friend or relative to act on your behalf. If you wish to nominate somebody else, you must fill in the details of your nominee in the space provided below. Family name Given names Phone number Country of issue Declaration declare that the above particulars are to the best of my knowledge true and correct.				11/2027	Date of birth	
Persons covered Wayself Spouse Name of spouse Ow I arrived or intend to arrive in Australia On (airline flight number or ship name) Date, or estimated date, of arrival Country of departure Country of departure Countries visited Period of absence from Australia Period of absence from Australia Countries visited Period of absence from Australia Countries flight number of packages) Consigned to me have arrived or are due to arrive: On (airline flight number or ship name) At (port or airport) Date, or estimated date, of arrival Container number Sea Bill or Air Waybill number Name of local business handling your personal effects Clearing your personal effects or nominate a representative such as a freight forwarder, customs broker, friend or relative to act on your behalf. If you wish to nominate somebody else, you must fill in the details of your nominee in the space provided below. Family name Given names Phone number Country of issue Driver's licence number Place of issue Address Phone number Country of issue Declaration declare that the above particulars are to the best of my knowledge true and correct.	Sav	Baccand number	INGTON IV		issue	
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Section One					available at the time of clearance.
	e you coming to Australia				
As a tourist only	Please provide	your length of s	itay		
a tourist one					
To take up temp	porary residence only?	Please pro	ovide your length of stay		
	manent residence or as a re		an citizen?		
	nament residence for the fir				
	n citizen residing overseas		orarily?		
Section Two	overseds				
Section Two Did you pack the good	ds yourself?				
√ Yes					
□ No → If	no, name of person who d	lid			
	the contacts of the	18 9 2			
Are you fully aware of Yes	the contents of the package				
[[not, why not				T The state of the
No >					
	ain goods belonging to any empanied you on your arm				
□ . Na	ame		Passport number		Relationship to you
_ Yes →					
√ No					
	ed effects contain any of th	ne followina rest	ricted goods?		
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Section 2

Section Four Do your unaccompanied effects contain any of the following goods?		
Australian and/or Foreign currency in the amount of \$10,000 Australian or more. Yes No		
If yes, please list the amount(s) in Australian dollars		
Medicines (whether prescribed by a medical practitioner or not) including but not limit Yes No	ed to: herbal.	
If yes, please provide a list of the goods		
Section Five Do your unaccompanied effects contain any of the following goods? If you tick 'yes' to Cigarettes, cigars or tobacco Yes V No Alcoholic liquor including: spirits, wine or beer. Yes V No Motor vehicle, motorcycle, trailers or watercraft. Yes V No Soods belonging to any person other than you or those who accompanied you on you Yes V No Soods for commercial purposes, including goods for sale, lease, hire or exchange. Yes V No ther goods owned by you for less than 12 months. Yes V No		able below.
f insufficient space, attach a separate sheet		
Description	Price or estimated price \$AUS	Date of purchase
PORTANT NOTICE: Any goods owned by you for less such goods will be assessed for duty and taxes. Penalties or further information please visit our website at www.bor	eviet for not doctoring and	clared.
ion goods will be assessed for duty and taxes. Penalties	exist for not declaring such der.gov.au	clared.
r further information please visit our website at www.bor	exist for not declaring such der.gov.au your family who ag communities, plant?	clared. goods.

Section Seven		
Do your unaccompanied effects contain any of the fo	llowing goods, subject to animal biosecurity laws, or wildlife	export and import laws?
Animals alive or dead including mammals, reptiles, fig.	sh, birds, insects or parts thereof or Animal Products includi	ng:
feathers, skins, homs, shells, hatching eggs, semen	or embryos.	
Yes V No		
If yes, please provide a list of the goods		
Food of any kind (including any edible item) such as:		
meat, poultry, eggs, dairy products, baby food, spread	ds and sauces, beverages and non-alcoholic drinks.	
Yes V No		
If yes, please provide a list of the goods		
Equipment used with horses or other animals including	9:	
saddles, harnesses, whips, collars, brushes, blankets	or rugs used as animal bedding.	
Yes V No		
If yes, please provide a list of the goods		
Biological specimens including:		
vaccines, cultures, blood, cell samples or cell lines, se	men or embryos.	
Yes V No		
If yes, please provide a list of the goods		
Section Eight		
Do your unaccompanied effects contain any of the follo	owing goods, subject to plant biosecurity laws?	
Plants or parts of plants live or dead including:		
ruits, nuts, seeds, bulbs, leaves, wooden articles or ar lowers, mushrooms, fungi, straw, bamboo, herbs or te	ticles made of plant material, cuttings,	
Yes V No		
If yes, please provide a list of the goods		The state of the s
		The state of the s
urniture or other articles of wood, cane or bamboo.		
Yes No		
If yes, please provide a list of the goods		
oil or earth or goods containing soil, earth, rock or min	eral samples	
Yes No		
f yes, please provide a list of the goods		
raw or wood packing material other than wood shavin	gs or sawdust.	
J Yes ☑ No		
g or fruit cartons used in packing.		
Yes No		
eclare that the shave and at		
eclare that the above particulars are to the best of my derstood the questions contained in this form and the	knowledge true and correct and that I have	
gnature of owner	answers to those questions are true and correct.	
		Date
		14.4.2029
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