

Shipper
HENNER CWIRN HIRAM REGINALD
BAR ILAN 20/4 TEL AVIV ISRAEL

LINER BILL OF LADING

4022849 1 /

Reference No.

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



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

Notify address
SAME AS CONSIGNEE

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

Pre-carriage by* Place of receipt by pre-carrier*
VZIM ANTWERP V.072 Port of loading PORT HAIFA

Part of discharge Place of delivery by pre-carrier*
SINGAPORE PORT SYDNEY, AUSTRALIA

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 **	352.00	4.890

Particulars furnished by the Merchant

13/05/24

Clean On Board

<p>Freight details, charges ets. CFS BSIU-832012-1 40HC 123152390</p> <div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;">Copy for testing</div>	<p>BILL OF LADING</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), 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.</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 style="text-align: right;">(Terms to continue on back hereof)</p>
Excess value declaration refer to clause 6 (4) (B) + (C) on reverse side.	

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



PACKING INVENTORY

Shipper Name: HENNER CWIRN HIRAM REGINALD
 Packing Job Date: 21 Apr 2024
 Origin Address: Israel
 Destination Address: Australia



Packed Items

Package#	Item	Comment	Wrapping	Room
1	Decorations		Wrapped	-----
2	Kitchenware		Book/Small Box	-----
3	Decorations		Wrapped	-----
4	Kitchenware		Book/Small Box	-----
5	Kitchenware		Book/Small Box	-----
6	Kitchenware		Book/Small Box	-----
7	Kitchenware		Book/Small Box	-----
8	Kitchenware		Book/Small Box	-----
9	Kitchenware		Book/Small Box	-----
10	Picture		Flat Box	-----
11	Picture		Flat Box	-----
12	Picture		Flat Box	-----
13	Carpet		Wrapped	-----
14	Carpet		Wrapped	-----
15	Carpet		Wrapped	-----
16	Coffee Table		Wrapped	-----
17	Coffee Table		Wrapped	-----
18	Night Table		Wrapped	-----
19	Books		Wrapped	-----
20	Kitchenware		Book/Small Box	-----
21	Suitcase		Wrapped	-----
	Vacuum Cleaner	2541		
22	Kitchenware		Book/Small Box	-----
23	Picture		Flat Box	-----
24	Picture		Flat Box	-----
25	Picture		Flat Box	-----
26	Picture		Flat Box	-----
27	Picture		Flat Box	-----
28	Picture		Flat Box	-----
29	Picture		Flat Box	-----
30	Picture		Flat Box	-----
31	Picture		Flat Box	-----
32	Picture		Flat Box	-----

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

Name: _____

Date: _____

Delivery Driver Signature

Name: _____

Company: _____



33	Picture		Flat Box	-----
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

Name: _____

Date: _____

Delivery Driver Signature

Name: _____

Company: _____



Australian Government
 Department of Immigration
 and Border Protection
 Department of Agriculture

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.

NOTICE

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.

Please complete the following details

Given names HIRAM REGINALD		Family name HENNER - CUIRN	
Address and telephone number of intended or actual Australian residential address 3 INGRAM STREET KENNINGTON NSW 2033		Date of birth	
Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Passport number PA 75 999 55	Country of issue AUSTRALIA	
Persons covered by this statement: <input checked="" type="checkbox"/> Myself <input type="checkbox"/> Spouse		Name of spouse	
Spouse passport number		Number of children under 18 years of age	

How I arrived or intend to arrive in Australia

On (airline flight number or ship name)	At (port or airport)
Date, or estimated date, of arrival	Country of departure

For returning residents only

Other countries visited	Period of absence from Australia
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How my personal effects arrived or will arrive

By Mail, or By Air, or By Sea (if by air or sea then complete below)

The 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

You 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.

Family name	Given names
Address	Phone number

Your nominee will need to produce the following forms of identification when clearing your goods through customs.

Driver's licence number	Place of issue	and	Passport number	Country of issue
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Declaration

I declare that the above particulars are to the best of my knowledge true and correct.

Signature of owner	Date
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Important

You must answer each of the following questions by placing a tick (✓) in the appropriate boxes. If you mark YES in any box in sections three to eight, or if you are in doubt whether any particular effects should be declared, please give details in the space provided under each question or on a separate attachment if the space is insufficient. Unaccompanied effects may be examined. Please ensure that keys are available at the time of clearance.

Section One

Have you come or are you coming to Australia

As a tourist only? →

To take up temporary residence only? →

To resume permanent residence or as a returning Australian citizen?

To take up permanent residence for the first time?

As an Australian citizen residing overseas, returning temporarily?

Section Two

Did you pack the goods yourself?

Yes

No →

Are you fully aware of the contents of the packages?

Yes

No →

Do the packages contain goods belonging to any person other than you or those who accompanied you on your arrival in Australia?

Yes →

No

Section Three

Do your unaccompanied effects contain any of the following restricted goods?

Drugs of any kind including, but not limited to: DHEA, narcotics, hallucinogens, amphetamines, barbiturates, tranquilisers, steroids or performance enhancing drugs.

Yes No

Weapons including, but not limited to: firearms or parts (including air pistols and air rifles), ammunition, replica firearms, spring bladed knives, daggers, knuckle dusters or martial arts equipment.

Yes No

Articles manufactured from wildlife including, but not limited to: reptiles/snakes, elephants, rhinoceri, members of the cat family, whales, dolphins, zebras, antelope, deer or coral.

Yes No

Material which is likely to cause offence to a reasonable adult. This may include, but is not limited to: child pornographic material, child abuse material, material which may promote, incite or instruct in matters of crime or violence or misuse of a drug, or sexual material (including bestiality).

Yes No

I declare that the above particulars are to the best of my knowledge true and correct and that I have understood the questions contained in this form and the answers to those questions are true and correct.

Signature of owner

Date

15-4-2024

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 limited to: herbal.

Yes No

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 any question, describe the goods in the table below.

Cigarettes, cigars or tobacco

Yes No

Alcoholic liquor including: spirits, wine or beer.

Yes No

Motor vehicle, motorcycle, trailers or watercraft.

Yes No

Goods belonging to any person other than you or those who accompanied you on your arrival in Australia.

Yes No

Goods for commercial purposes, including goods for sale, lease, hire or exchange.

Yes No

Other goods owned by you for less than 12 months.

Yes No

If insufficient space, attach a separate sheet

Description	Price or estimated price SAUS	Date of purchase

IMPORTANT NOTICE: Any goods owned by you for less than 12 months must be declared. Such goods will be assessed for duty and taxes. Penalties exist for not declaring such goods. For further information please visit our website at www.border.gov.au

Section Six

Within one month prior to shipping these effects to Australia, did you or any member of your family who arrived or will arrive with you, visit a place where farm animals are kept, including farming communities, research farms, sanctuaries and sale yards or visit an abattoir or any meat processing plant?

Yes No

I declare that the above particulars are to the best of my knowledge true and correct and that I have understood the questions contained in this form and the answers to those questions are true and correct.

Signature of owner

Date

14-4-2024

Section Seven

Do your unaccompanied effects contain any of the following goods, subject to animal biosecurity laws, or wildlife export and import laws?
Animals alive or dead including mammals, reptiles, fish, birds, insects or parts thereof or Animal Products including feathers, skins, horns, shells, hatching eggs, semen or embryos.

Yes 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, spreads and sauces, beverages and non-alcoholic drinks.

Yes No

If yes, please provide a list of the goods

Equipment used with horses or other animals including:
saddles, harnesses, whips, collars, brushes, blankets or rugs used as animal bedding.

Yes No

If yes, please provide a list of the goods

Biological specimens including:
vaccines, cultures, blood, cell samples or cell lines, semen or embryos.

Yes No

If yes, please provide a list of the goods

Section Eight

Do your unaccompanied effects contain any of the following goods, subject to plant biosecurity laws?

Plants or parts of plants live or dead including:
fruits, nuts, seeds, bulbs, leaves, wooden articles or articles made of plant material, cuttings,
flowers, mushrooms, fungi, straw, bamboo, herbs or teas.

Yes No

If yes, please provide a list of the goods

Furniture or other articles of wood, cane or bamboo.

Yes No

If yes, please provide a list of the goods

Soil or earth or goods containing soil, earth, rock or mineral samples.

Yes No

If yes, please provide a list of the goods

Straw or wood packing material other than wood shavings or sawdust.

Yes No

Egg or fruit cartons used in packing.

Yes No

I declare that the above particulars are to the best of my knowledge true and correct and that I have understood the questions contained in this form and the answers to those questions are true and correct.

Signature of owner

Date

14.4.2024

FOR OFFICIAL USE ONLY

Goods declared

Action taken

ICD number: