

Shipper
 KALININA TATIANA
 ZELDA HA MESHORERET 4
 K FAR SAVA

LINER BILL OF LADING

4022939 1

Reference No.

Consignee
 KALININA TATIANA C/O
 SEBI SRL VIA LOCATELLI, 2
 21010 VIZOLLA TICINO (VA)
 TEL; +39 0331 231111
 ATTI DANIELA BASSO



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

Notify address
 SDS LOGISTICS SRL
 VIA SILVIO PELLICO, 24
 00195 ROME, ITALY
 E: INFO@SDSLOGISTICS.IT

For delivery apply to:

BOXLINE UCL D.O.O.
 PARTIZANSKA CESTA 93
 6210 SEZANA - SLOVENIJA
 TEL: 0038657070308 F:38657345C10
 ATTN: ANDREI MEDVED

Pre-carriage by* Place of receipt by pre-carrier*
 VMS CAILIN V.421 Port of loading HAIFA, ISRAEL
 Port of discharge Place of delivery by pre-carrier*
 KOPER MILANO

| Marks and Nos. | Number and kind of packages; description of goods | Gross weight | Measurement |
|------------------|---|--------------|-------------|
| KALININA TATIANA | 2 PALLET STC: 44 PKGS USED HOUSEHOLD GOODS EXPRESS WAYBILL EORI CODE: IT015120 H.S. 6309.00 **EXPRESS B/L** | 465.00 | 4.6C2 |

Particulars furnished by the Merchant

19/05/24

Clean On Board

| | |
|---|--|
| Freight details, charges ets. CFS - - | 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 0 | Place and date issue 26/05/24 Signature |
|------------------------------------|---|---|

REPUBBLICA ITALIANA
MINISTERO DELL'INTERNO

CARTA DI IDENTITÀ / IDENTITY CARD

COMUNE DI / MUNICIPALITY
BOLOGNA

COGNOME / SURNAME
KALININA
NOME / NAME
TATIANA

LUOGO E DATA DI NASCITA
PLACE AND DATE OF BIRTH
MOSCA (RUS) 09.01.1983

SESSO / SEX
F
STATURA / HEIGHT
175

EMISSIONE / ISSUING
11.01.2024

FIRMA DEL TITOLARE
HOLDER'S SIGNATURE



CA77172RI



CITTADINANZA
NATIONALITY
ISR
SCADENZA / EXPIRY
09.01.2034



215908

REPUBLICA ITALIANA
MINISTERO DELL'INTERNO
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ISR
SCADENZA / EXPIRY
09.01.2034
215908

ITA



PERMESSO DI SOGGIORNO

I 19642552

I 19642552

COGNOMI Nomi / SURNAMES Forenames

KALININA
Tatiana



SESSO /
SEX
F

CITTADINANZA /
NATIONALITY
ISR

DATA DI NASCITA /
DATE OF BIRTH
09 01 1983

TIPO DI PERMESSO /
TYPE OF PERMIT

SCADENZA DOCUMENTO /
CARD EXPIRY
20 11 2025

MOTIVI FAMILIARI

ANNOTAZIONI / REMARKS

KLNTTN83A49Z135M
PERM. UNICO LAVORO

RESIDENCE PERMIT

230589



PACKING INVENTORY

Shipper Name: KALININA TATIANA
 Packing Job Date: 02 May 2024
 Origin Address: Israel
 Destination Address: Italy



Packed Items

| Package# | Item | Comment | Wrapping | Room |
|----------|------------------|---------|----------------|-------|
| 1 | Books | | Book/Small Box | ----- |
| 2 | Pillows | | Large Box | ----- |
| 3 | shelves | | Wrapped | ----- |
| 4 | Toys | | Large Box | ----- |
| 5 | pots | | Wrapped | ----- |
| 6 | Mirror | | Wrapped | ----- |
| 7 | piano | | Wrapped | ----- |
| 8 | Cutlery | | Wrapped | ----- |
| 9 | Pillows | | Large Box | ----- |
| 10 | Glassware | | Medium Box | ----- |
| 11 | blender | | Wrapped | ----- |
| 12 | Bathroom items | | Medium Box | ----- |
| 13 | Bicycle | | Wrapped | ----- |
| 14 | lamps | | Wrapped | ----- |
| 15 | plates | | Wrapped | ----- |
| 16 | bowls | | Wrapped | ----- |
| 17 | pillows | | Wrapped | ----- |
| 18 | Clothes | | Medium Box | ----- |
| 19 | Bags | | Medium Box | ----- |
| 20 | Bathroom items | | Medium Box | ----- |
| 21 | documents | | Wrapped | ----- |
| 22 | lamps | | Wrapped | ----- |
| 23 | clothing stand | | Wrapped | ----- |
| 24 | Toys | | Large Box | ----- |
| 25 | plates | | Wrapped | ----- |
| 26 | Clothes, Hanging | | Stand Up Box | ----- |
| 27 | Scooter | | Wrapped | ----- |
| 28 | Cutlery | | Wrapped | ----- |
| 29 | Shoes | | Medium Box | ----- |
| 30 | kids bed | | Wrapped | ----- |
| 31 | Toys | | Large Box | ----- |
| 32 | piano stand | | Wrapped | ----- |
| 33 | Mixer | | Wrapped | ----- |

Shipper Signature on packing

Shipper: KALININA TATIANA

Foreman Signature on packing

Foreman: Gil Wanderman || AUT

A. Univers Transit Ltd.

Shipper Signature on delivery

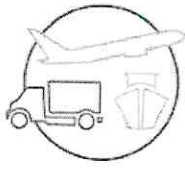
Name: _____

Date _____

Delivery Driver Signature

Name: _____

Company: _____



| | | | | |
|----|-------------|--|----------------|-------|
| 34 | documents | | Wrapped | ----- |
| 35 | covid masks | | Wrapped | ----- |
| 36 | Kitchenware | | Book/Small Box | ----- |
| 37 | Kitchenware | | Book/Small Box | ----- |
| 38 | instrument | | Wrapped | ----- |
| 39 | pots | | Wrapped | ----- |
| 40 | Kitchenware | | Book/Small Box | ----- |
| 41 | Clothes | | Medium Box | ----- |
| 42 | Cutlery | | Wrapped | ----- |
| 43 | tools | | Wrapped | ----- |
| 44 | Toys | | Large Box | ----- |

Total Number of Packages: 44

Note(s):

**PDO

:

Used Boxes Count

| Box Type | Quantity |
|----------------|----------|
| Book/Small Box | 3 |
| Large Box | 5 |
| Medium Box | 7 |
| Stand Up Box | 1 |
| Wrapped | 26 |
| Book/Small Box | 1 |
| Large Box | 1 |

Shipper Signature on packing

Shipper: KALININA TATIANA

Foreman Signature on packing

Foreman: Gil Wanderman || AUT

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 Tatiana Kalinina | | Account | | Job number | |
| Loading address / details | | | Address of destination / details | | |
| Michael & Nurit Holzinger 4 Zelda Hameshoreret St. Kfar Saba, Israel https://maps.app.goo.gl/5D32ErSAapXkf5Q48 | | | Tatiana Kalinina via Frassinago, 31 interno 4 40123 Bologna (BO) Italy https://maps.app.goo.gl/wP16pZo6hQhjuVS66 | | |
| Phone 1 | +972 54-4600178 | Phone 1 | +39 333 8601547 | | |
| Phone 2 | +972 54-4600179 | Phone 2 | +39 335 6027107 | | |
| Phone cell | | Phone cell | | | |
| Facsimile | | Facsimile | | | |
| Email (very important) | mike.holz@gmail.com | Email (very important) | 1878749@gmail.com | | |
| Date you depart from this address | 12/10/2023 | Date you arrive at this address | 04/01/2024 | | |
| 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) as above: | | | Contact address / details 2) | | |
| via Frassinago, 31 interno 4 40123 Bologna (BO) Italy | | | | | |
| Phone 1 | +39 333 8601547 | Phone 1 | | | |
| Phone 2 | +39 335 6027107 | Phone 2 | | | |
| Phone cell | | Phone cell | | | |
| Facsimile | | Facsimile | | | |
| Email (very important) | 1878749@gmail.com | Email (very important) | | | |
| We can reach you at this address from - till | current / final | We can reach you at this address from - till | | | |
| Request date(s) of loading | 30/04/2024 | | | | |
| Timing of shipping of your goods | A.S.A.P. AFTER PACKING ✓ | AT MY CALL | ON A CERTAIN DATE: | | |
| Service requested | FULL-SERVICE INTO NEW RESIDENCE | | | | |
| Place | Date | Signature | | | |
| Bologna, Italy | 25/04/2024 |  | | | |