

SUPPLEMENTAL DECLARATION TO CF 3299
FOR UNACCOMPANIED AND HOUSEHOLD EFFECTS

1. OWNER OF HOUSEHOLD GOODS:

(Last Name)

(First)

(Middle)

2. DATE OF BIRTH: _____

3. CITIZEN OF COUNTRY: _____

4. PASSPORT NUMBER: _____

5. SOCIAL SECURITY NUMBER: _____

6. RESIDENTIAL ALIEN NUMBER: _____

7. U.S. ADDRESS: _____

8. FOREIGN ADDRESS: _____

9. REASON FOR MOVING: _____

10. EMPLOYER: _____

11. POSITION WITH COMPANY: _____

12. LENGTH OF EMPLOYMENT: _____

13. NATURE OF BUSINESS: _____

14. NAME AND TELEPHONE NUMBER OF COMPANY OFFICE FOR VERIFICATION
OF ABOVE:

15. NAME AND ADDRESS OF FREIGHT FORWARDER/PACKAGES/SHIPPING AGENT:

16. SHIPMENT ITINERARY: _____

17. INFORMATION OBTAINED FROM: _____ AUTHORIZED AGENT _____ IMPORTER

18. SIGNATURE: _____