

**SUPPLEMENTAL DECLARATION TO CF 3299
FOR UNACCOMPANIED ND HOUSEHOLD EFFECTS**

OWNER OF HOUSEHOLD GOODS

1. (LAST NAME, FIRST AND MIDDLE)

2. DATE OF BIRTH:

3. CITIZEN OF:

4. PASSPORT NUMBER:

5. SOCIAL SECURITY NUMBER:

6. RESIDENT 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/PACKERS/SHIPPING AGENT:

16. SHIPPING ITINERARY:

17. CERTIFICATION OF: (Check one) (A) AUTHORIZED AGENT (B) IMPORTER

18. SIGNATURE:

**COPY OF ORIGINAL
U.S. CUSTOMS FORM
I I R C 1 5 9
(386)**