

SUPPLEMENTAL DECLARATION TO CF3299 FOR
UNACCOMPANIED AND HOUSEHOLD EFFECTS

1. OWNER OF HOUSEHOLD GOODS:

(Last Name, First and Middle)

2. DATE OF BIRTH:

3. CITIZEN OF :

4. PASSPORT NO:

COOUNTRY

5. SOCIAL SECURITY NO:

6.RESIDENT ALIEN NO:

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 INFORMATION .

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

16.SHIPMENT ITINERARY:

17. CERTIFICATION OF

(CHECK ONE)

(A) AUTHORIZED AGENT

(B) IMPORTER

18. SIGNATURE: