SUPPLEMENTAL DECLARATION TO CF3299 FOR UNACCOMPANIED AND HOUSEHOLD EFFECTS

1. Owner of Household Goods/Personal Effects

_____

Last Name First Name Middle Initial

2. Date of Birth: _____ 3. Citizen of: _____

4. Passport No.: _____ 5. Issuing Country: _____

6. Social Security No.: _____

7. Resident Alien No.: _____

8. U.S. Address: _____

_____

9. Foreign Address: _____

_____

10. Reason for Moving: _____

11. Employer Name and Address: _____

_____

_____

12. Position: _____

13. Length of Employment in the Foreign Country: _____

14. Nature of Business: _____

15. Name and Phone No. of the Company for Verification: _____

_____

16. Name and Address of Freight Forwarder, Packer and/or Shipping Agent: _____

_____

_____

17. Shipment Itinerary: _____

18. Certification of (Check One):

☐ (A) Authorized Agent

☐ (B) Importer

19. Signature: _____ 20. Date: _____

21. Title _____