## 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.: \_\_\_\_\_\_\_

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

7. Resident Alien No.:

- 19. Signature: \_\_\_\_\_\_ 20. Date: \_\_\_\_\_\_
- 21. Title