

**SUPPLEMENTAL DECLARATION TO CF3299
FOR UNACCOMPANIED & HOUSEHOLD EFFECTS**

1. OWNER OF GOODS _____
(Last name, First, and Middle)
2. DATE OF BIRTH _____ 3. CITIZEN OF _____
4. PASSPORT NO: _____ COUNTRY _____
5. S.S. NO: _____ 6. RESIDENT ALIEN # _____
7. U.S. ADDRESS _____ 8. FOREIGN ADDRESS _____

9. REASON FOR MOVING: _____
10. EMPLOYER _____ 11. POSITION WITH CO. _____
12. LENGTH OF EMPLOYMENT _____ 13. NATURE OF BUSINESS _____
14. NAME & TELEPHONE NUMBER OF COMPANY OFFICE FOR VERIFICATION OF ABOVE INFORMATION

TEL: _____
15. NAME & ADDRESS OF FREIGHT FORWARDER, PACKER, AGENT:

16. SHIPMENT ITINERARY _____
CERTIFICATION OF
17. (CHECK ONE) (A) AUTHORIZED AGENT (B) IMPORTER
18. SIGNATURE _____