

**TREASURY DEPARTMENT
U.S. CUSTOMS SERVICE**

SUPPLEMENTAL DECLARATION FOR UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

INSTRUCTIONS FOR FILLING OUT THIS FORM:

- NUMBERS 1 THROUGH 14 MUST BE COMPLETED BY YOU AND SHOULD BE SELF-EXPLANATORY
- NUMBERS 15 AND 16 – LEAVE BLANK (FILL OUT BY THE BROKER OR HIS AUTHORIZED AGENT)
- NUMBER 17 – CHECK IMPORTER
- NUMBER 18 – YOUR SIGNATURE AND DATE

NOTE: THIS FORM MUST BE COMPLETED ALONG WITH CUSTOMS FORM 3299 AND SUBMITTED TO THE PACKING COMPANY AT ORIGIN AT TIME OF PICKUP OF YOUR HOUSEHOLD EFFECTS.

1. OWNER OF HOUSEHOLD GOODS
(LAST NAME, FIRST AND MIDDLE INITIAL)

2. DATE OF BIRTH

3. CITIZENSHIP

4. PASSPORT – COUNTRY OF ISSUE AND NUMBER

5. SOCIAL SECURITY NUMBER

6. RESIDENT ALLIEN NUMBER (IF NO APPLICABLE, WRITE N/A)

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 OF COMPANY AND CONTACT PERSON WHO CAN VERIFY ABOVE INFORMATION

15. NAME AND ADDRESS OF SHIPPING AGENT

16. SHIPPING ITINERARY: SPECIFY PLACE OF LOADING AND INTERMEDIATE PORTS

17. CERTIFICATION (CHECK ONE) AUTHORIZED AGENT IMPORTER

18. SIGNATURE OF OWNER DATE: