

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

1. Owner of Household Goods/Personal Effects

Last Name	First Name	Middle Initial
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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 \_\_\_\_\_