SUPPLEMENTAL DECLARATION TO CF-3299
FOR UNACCOMPANIED AND HOUSEHOLD EFFECTS

1. OWNER OF HOUSEHOLD GOODS:
(Last Name, First and Middle)

2. DATE OF BIRTH:

3. CITIZEN OF:

4. PASSPORT NO:

COUNTRY:

SOCIAL
5. SECURITY NO:

RESIDENT
6. ALIEN NO:

7. U.S. ADDRESS:

8. FOREIGN ADDRESS:

9. REASON FOR MOVING:

10. EMPLOYER:

POSITION
11. WITH COMPANY:

LENGTH
12. OF EMPLOYMENT:

NATURE
13. OF BUSINESS:

14. NAME AND TELEPHONE NUMBER OF COMPANY OFFICE FOR VERIFICATION OF ABOVE INFORMATION

TEL:

15. NAME AND ADDRESS OF FREIGHT FORWARDER, PACKERS, SHIPPING AGENT:

16. SHIPMENT ITINERARY:

CERTIFICATION OF
17. (CHECK ONE): (A) AUTHORIZED AGENT (B) IMPORTER

18. SIGNATURE:

U.S. Customs Form
IIRC159
(386)