

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

1. Owner of Household Goods

Last Name	First Name	Middle Intl.
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2. Date of Birth _____ 3. Citizen of _____

4. Passport No. _____ S.S. No. _____

6. Resident Alient No. _____

7. U.S. Address _____

8. Foreign Address _____

9. Reason for Moving _____

10 Employer: _____ Position _____

Lenth of Employment: _____ 13. Nature of Business: _____

14. Name and Phone number of company offices for verification of above information.

15. Name and address of Freight Forwarder, Packers, Shipping Agent:

16 Shipment Itinerary: _____

17 Certification (Circle One)

(A) Authorized Agent

(B) Importer

18. Signature _____