

**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: _____
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4. Passport No.: _____	5. Issuing Country: _____
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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: Shan _____ 20. Date: _____

21. Title _____