

TREASURY DEPARTMENT
U.S. CUSTOMS SERVICE
SUPPLEMENTAL DECLARATION FOR
UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

1. Owner of Household Goods (Last, first and middle) Eftman Larisa

2. Date of Birth 20/06/1953 3. Citizenship Israeli

4. Passport (Country and Number) Israel N.32863789

5. Social Security No. _____ 6. Resident Alien No. _____

7. U.S. Address 1479 N. Milwaukee Ave. Unit 105, Libertyville IL 60048 USA 10. Employer _____

8. Foreign Address 21 Herzl St, ap.4, Bat Yam 59323, Israel 11. Position with Company _____

12. Length of Employment _____ 13. Nature of Business _____

9. Reason for Moving Family Reunion. 14. Name and Telephone of Company Official Who Can Verify
We are relocating to reunite with our daughter's family. Above Information

15. Name and Address of Freight Forwarders
Packers and Shipping Agents _____

16. Shipment Itinerary
(specify place of loading and intermediate ports) _____

17. Certification
I, the undersigned, certify that this declaration is correct and complete

A. Authorized Agent (from facts obtained from the Importer)

B. Importer

Signature Larisa Date 15/03/2024