

**SUPPLEMENTAL DECLARATION TO CF-3299
FOR UNACCOMPANIED HOUSEHOLD EFFECTS**

1. **Owner of household goods:**

Last Name	First Name	Middle Initial
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2. **Date of Birth:** _____ 3. **Citizenship:** _____

4. **Passport #** _____ 5. **S.S.#** _____

6. **Resident Alien #** _____

7. **U.S.A. Address:** _____

8. **Foreign Address:** _____

9. **Reason for moving:** _____

10. **Employer:** _____

11. **Position:** _____ 12. **Length of Employment:** _____

13. **Nature of Business:** _____

14. **Name and phone # of company office for verification of above information:**

15. **Name and Address of Freight Forwarder, packers, shipping agent:**

16. **Shipment itinerary:** _____

17. **Certification of (circle one):** (A) **Authorized Agent** (B) **Importer**

18. **Signature:**