

SUPPLEMENTAL DECLARATION FOR UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

1. Owner of household goods: _____
(Last Name, First) (Middle)

2. Date of birth: _____ 3. Citizenship: _____

4. Passport information: _____
(Country) (Number)

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

7. U.S. address: _____

8. Foreign address: _____

9. Reason for moving: _____

10. Employer: _____ 11. Position with company: _____

12. Length of employment: _____ Start date: _____ End date: _____

13. Nature of business: _____

14. Name & telephone of company official who can verify above information:

15. Name and address of freight forwarders, packers and shipping agents:

16. Shipment itinerary (Specific place of loading and intermediate ports):

17. Certification (Check one): A. Authorization Agent B. Importer

18. Signature: _____