## SUPPLEMENTAL DECLARATION TO CF3299 FOR UNACCOMPANIED AND HOUSEHOLD EFFECTS

1. Owner of Household Goods/Personal Effects

Last Name	First Name	Middle Initial
2. Date of Birth:	3. Citizen of:	
4. Passport No.:	5. Issuing Country:	
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 Forward	der, Packer and/or Shipping Agent: _	
17. Shipment Itinerary:		
18. Certification of (Check One):		
☐ (A) Authorized Agent		
☐ (B) Importer		
19. Signature:	20. Date:	
21. Title		