

TREASURY DEPARTMENT U.S. CUSTOMS SERVICE

**SUPPLEMENTAL DECLARATION FOR UNACCOMPANIED
PERSONAL & HOUSEHOLD EFFECTS**

1) OWNER OF GOODS (Mr / Mrs) -----

2) DATE OF BIRTH. -----

3) PASSPORT COUNTRY & NO. -----

4) SOCIAL SECURITY NO. -----

5) CITIZENSHIP-----

6) RESIDENT ALIEN NO. -----

7) U.S.A. ADDRESS.-----

8) FOREIGN ADDRESS.-----

9) REASONS FOR MOVING -----

10) NAME & ADDRESS OF FREIGHT FORWARDERS, PACKERS AND SHIPPING AGENTS

11) SHIPMENT ITINERARY (*SPECIFIC PLACE OF LOADING & INTERMEDIATE PORTS*)

12) EMPLOYERS NAME, ADDRESS & NATURE OF BUSINESS -----

13) POSITION WITH COMPANY -----

& LENGTH OF EMPLOYMENT -----

14) NAME & TELE NO. OF COMPANY OFFICER WHO CAN VERIFY ABOVE INFORMATION

Name-----Telephone Number-----

15) CERTIFICATION A) AUTHORISATION AGENT B) IMPORTER (*CHECK ONE*)

16) SIGNATURE-----