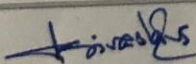




**SUPPLEMENTAL - DECLARATION  
FOR UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS**

<u>(Last Name, First &amp; Middle)</u>			
1.	Owner of Household Goods	SRIVASTAVA, HIMANSHU SUSHIL	
2.	Date of Birth	MAY/07/1991	3. Citizenship
			INDIAN
		<u>(Country)</u>	<u>(Number)</u>
4.	Passport Information	INDIA	M7373505
5.	Social Security Number		
6.	Resident Alien Number		
7.	<u>U.S Address</u>		8. <u>Foreign Address</u>
	Quail run , 1380 Saylor Dr, Zionsville, IN 46077		184 Adarsh Nagar, Deokali, Faizabad, U.P. 224001
9.	<u>Reason For Moving</u>		10. <u>Employer</u>
	Job Transfer		UnitedHealth Care
11.	<u>Position with the Company</u>		12. <u>Length of Employment</u>
	Software Engineer		<u>Years</u> 5 <u>Months</u> 8
13.	<u>Nature of the Business</u> (What does your company do?)		
	Provides US Health care products and insurance services.		
14.	<u>Name and telephone number of a company official who can verify the above information</u>		
	Deepa Jayaram +91-9818277565		
15.	<u>Name and address of freight forwarders, packers and shipping agents</u>		
16.	<u>Shipment Itinerary (specific place of loading and intermediate ports)</u>		
17.	<u>Certification (check one)</u> <input type="checkbox"/> <u>Authorized Agent</u> <input checked="" type="checkbox"/> <u>Importer</u>		
18.	<u>Signature</u>		19. <u>Date:</u>
			01/04/2019