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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | **(Last Name, First & Middle)** | | | | | | | | | | | | |
| **1.** | Owner of Household Goods | | | | |  | | | | | | | | | | | | |
| **2.** | Date of Birth |  | | | | | | **3.** | | Citizenship | | | | | | |  | |
|  |  | | **(Country)** | | | | | | | | | **(Number)** | | | | | | |
| **4.** | Passport Information | |  | | | | | | | | | | | | | | | |
| **5.** | Social Security Number | | | |  | | | | | | | | | | |  | | |
| **6.** | Resident Alien Number | | | |  | | | | | | | | | | |  | | |
| **7.** | U.S Address | | | | | | | **8.** | | Foreign Address | | | | | | | | |
|  |  | | | | | | |  | | | | | | | | |
| **9.** | Reason For Moving | | | | | | | **10.** | | Employer | | | | | | | | |
|  |  | | | | | | | |  | |  | | | | | | |
| **11.** | Position with the Company | | | | | | | **12.** | | Length of Employment | | | | | | | | |
|  |  | | | | | | |  | | Years  Months | | | | | | | | |
| **13.** | Nature of the Business   (What does your company do?) | | |  | | | | | | | | | | | | | | |
| **14.** | Name and telephone number of a company official who can verify the 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) | | | |  | | Authorized Agent | | | | | | |  | | | Importer | |
| **18.** | Signature | | | | | | | | | | | | **19.** | | Date: | | | |
|  |  | | | | | | | | | | | |  | |  | | | |