

**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.-----

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8) FOREIGN ADDRESS.-----

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9) REASONS FOR MOVING -----

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

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

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

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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-----