TREASURY DEPARTMENT U.S. CUSTOMS SERVICE

SUPPLEMENTAL DECLARATION FOR UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

| 1. | OWNER OF HOUSEHOLD GOODS (Last name, first and middle) | |
|-----|--|---|
| 2. | DATE OF BIRTH | 3. CITIZENSHIP |
| 4. | PASSPORT (Country and number) | |
| 5. | SOCIAL SECURITY NO. | 6. RESIDENT ALIEN NO. |
| 7. | U.S. ADDRESS | 10. EMPLOYER |
| | | |
| | | 11. POSITION WITH COMPANY |
| 8. | FOREIGN ADDRESS | |
| | | 12. LENGTH OF EMPLOYMENT |
| | | 13. NATURE OF BUSINESS |
| 9. | REASON FOR LEAVING | |
| | | NAME AND TELEPHONE OF COMPANY OFFICIAL 14. WHO CAN VERIFY ABOVE INFORMATON |
| | | |
| 15. | NAME AND ADDRESS OF FREIGHT FORWARDERS PACKERS AND SHIPPING AGENTS | |
| | | |
| | | |
| 16. | SHIPMENT ITINERARY (Specify place of loading and intermediate ports) | |
| | | |
| | | |
| 17. | CERTIFICATION A. Authorized Agent | B. Importer (check one) |
| 18. | SIGNATURE | |