

ATTACHMENT

**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 NO. (COUNTRY & NUMBER) _____

5. SOCIAL SECURITY NO. _____ 6. RESIDENT ALIEN NO. _____

7. U.S. ADDRESS _____ 10. EMPLOYER _____

8. FOREIGN ADDRESS: _____ 11. POSITION WITH COMPANY: _____

9. REASON FOR MOVING: _____ 13. NATURE OF BUSINESS: _____

14. NAME AND TELEPHONE NO. OF COMPANY OFFICIAL TO VERIFY THE ABOVE
INFORMATION: _____

15. NAME AND ADDRESS OF FREIGHT FORWARDERS, PACKERS AND SHIPPING
AGENTS: _____

16. SHIPMENT ITINERARY: (SPECIFY PLACE OF LOADING AND INTERMEDIATE PORTS)

17. CERTIFICATE: (CHECK ONE) A. AUTHORIZED AGENT B. IMPORTER

SIGNATURE: _____