

**SUPPLEMENTAL DECLARATION TO CF 3299  
FOR UNACCOMPANIED AND HOUSEHOLD EFFECTS**

1. Owner of Household Goods  
Name (Last, First and Middle)

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2. Date of Birth

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3. Country of Citizenship

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4. Passport Number

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5. Social Security Number

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6. Resident Alien Number

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7. US Address

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8. Foreign Address

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9. Reason For Moving

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10. Employer

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11. Position with Company

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12. Length of Employment

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13. Nature of Business

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14. Name and Telephone Number of Company  
Office for Verification of Above

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15. Name and Address of Freight  
Forwarder/Packers/Shipping Agent

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16. Shipping Itinerary

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17. Certification of (Check One)

Authorized Agent

Importer

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Signature

\_\_\_\_\_  
Date