

TREASURY DEPARTMENT U.S. CUSTOMS SERVICE
SUPPLEMENTAL DECLARATION FOR UNACCOMPANIED
PERSONAL & HOUSEHOLD EFFECTS

1. Owner of Goods

Last Name:		First Name:		Middle Name:	
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Date of Birth:	Passport Country and No.:	Social Security No.:	Citizenship:	Resident Alien No.:
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U.S.A Address:	Foreign Address:
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Name and address of freight Forwarders, packers and shipping agents:

Shipment itinerary (Specific place of loading & intermediate ports:

Employer's name:	Employer's Address:
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Nature of Business:	
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Position with the company:	Length of employment:	Telephone of the company:
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Name and telephone of company officer who can verify above information:

Certification (check one):
 A) AUTHORISATION AGENT [] B) IMPORTER []

 Signature