

DEPARTMENT OF THE TREASURY  
U.S. CUSTOMS SERVICE

NEW YORK REGION  
NEW YORK, NY 10048

SUPPLEMENTAL DECLARATION FOR  
UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

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| 1. OWNER OF HOUSEHOLD GOODS<br>(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   |  |
| 9. REASON FOR MOVING   | 13. NATURE OF BUSINESS   |
|  | NAME AND TELEPHONE OF COMPANY OFFICIAL WHO<br>14. CAN VERIFY ABOVE INFORMATION |
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NAME AND ADDRESS OF FRIEGHT FORWARDERS  
15. PACKERS AND SHIPPING AGENTS.

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SHIPPER ITINERARY  
16. (Specify place of loading and intermediate ports)

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17. CERTIFICATION: (check one)      A. Authorized Agent      B. Importer

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18. SIGNATURE

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