SUPPLEMENTAL DECLARATION TO CF-3299 FOR UNACCOMPANIED AND HOUSEHOLD EFFECTS

1. OWNER OF HOUSEHOLD GOODS:	
(Last Name, First and Middle)	
2. DATE OF BIRTH:	3. CITIZEN OF:
4. PASSPORT NO:	COUNTRY:
SOCIAL	RESIDENT
5. SECURITY NO:	6. ALIEN NO:
7 II C ADDDECC.	O FORETCH ADDRESS.
7. U.S. ADDRESS:	8. FOREIGN ADDRESS:
9. REASON FOR MOVING:	
	POSITION
10. EMPLOYER:	11. WITH COMPANY:
TOMOTE	AT A MITTO P
LENGTH	NATURE 13. OF BUSINESS:
12. OF EMPLOYMENT:	13. OF BUSINESS:
14. NAME AND TELEPHONE NUMBER OF COM	PANY OFFICE FOR VERIFICATION OF ABOVE
INFORMATION:	
	TEL:
5. NAME AND ADDRESS OF FREIGHT FORW	ARDER, PACKERS, SHIPPING AGENT:
.6. SHIPMENT ITINERARY:	
O C O C C C C C C C C C C C C C C C C C	
CERTIFICATION OF	:
.7. (CHECK ONE): (A) AUTHORIZE	D AGENT (B) IMPORTER
8. SIGNATURE:	

U.S. Customs Form IIRC159 (386)