

# 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. LENGTH OF EMPLOYMENT:

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:

Deutsche Möbelspedition  
Max Müller Spedition GmbH  
Attn. Mr. Dosedal or Mr. Kretz  
Mannsnetterstr. 34  
D-88145 Opfenbach

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. CERTIFICATE: (CHECK ONE)

A. AUTHORIZED AGENT

B. IMPORTER

SIGNATURE: \_\_\_\_\_