SUPPLEMENTAL DECLARATION FOR UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

| (1) | Owner of household goods (Last Name, first name and middle): | | |
|--------|---|------------------------------------|--|
| (2) | Date of birth: | | |
| (3) | Passport (country and number): | | |
| (4) | Social security No: | | |
| (5) | Resident alien No: | | |
| (6) | US address No: | | |
| (7) | Foreign address No: | | |
| | | | |
| (8) | Reasons for moving: | | |
| (9) | Employer: | | |
| (10) | Job title: | | |
| (11) | Length of employment: | | |
| (12) | Nature of business: | | |
| (13) | Name and telephone number of company official who can verify the above: | | |
| (14) | Name and address of freight forwarders, packers or shipping agents: | | |
| (15) | Shipment itinerary (specific place of loading and intermediate ports): | | |
| | | | |
| (16) | Certification: | a Authorised agent: b Importer: | |
| (17) | Signiture: | | |