

INSTRUCTIONS FOR COMPLETING THE U.S. CUSTOMS FORM 3299.

**PART 1**

1. PRINT YOUR FULL NAME AS IT APPEARS ON YOUR PASSPORT.
2. YOUR DATE OF BIRTH & SOCIAL SECURITY NUMBER (IF YOU HAVE ONE).
3. THE DATE YOU ARRIVED & CLEARED CUSTOMS TO THE UNITED STATES.
4. YOUR CURRENT U.S. ADDRESS, PHONE NUMBER, PASSPORT NUMBER & VISA NUMBER.
5. THE NAME OF THE CITY IN THE U.S. WHERE YOU CLEARED CUSTOMS.
6. THE NAME OF THE AIRLINE BY WHICH YOU ARRIVED INTO THE U.S.
7. THE NAME OF THOSE IN YOUR FAMILY WHO ACCOMPANIED YOU ON YOUR FLIGHT, IF ANY.
8. A.B.C.D.E & F TO BE FILLED IN BY U.S. AGENTS.

**PART 11**

9. CHECK THE BOX THAT APPLIES TO YOU.
  - 9a. INDICATE THE LAST ADDRESS IN WHICH YOU RESIDED ABROAD.
  - 9b. THE LENGTH OF TIME AT SAID ADDRESS.
  - 9c. CHECK THE BOX (ES) THAT APPLY TO YOU.
10. CHECK EACH BOX THAT APPLIES TO THE CONTENTS OF YOUR SHIPMENT.

**PART 111**

TO BE COMPLETED BY U.S. PERSONNEL AND EVACUEES ONLY. IF THIS APPLIES FILL IN THE DATE YOU DEPARTED FROM THE U.S. ATTACH A COPY OF YOUR TRAVEL ORDERS & DATE YOUR ORDERS WERE ISSUED.

**PART IV**

SEC A. ITEMS 1-6 CHECK THE ITEMS SHOWN AS THEY ARE CONTAINED IN YOUR SHIPMENT.  
SEC B. ITEMS 7-8 IF FOREIGN HOUSEHOLD EFFECTS ARE CONTAINED IN YOUR SHIPMENT CHECK 7-8 IF APPLICABLE.  
SEC C. ITEMS 9, 10 & 11 RETURNING RESIDENTS ONLY. CHECK THE BOX OR BOXES APPLICABLE TO THE CONTENTS OF YOUR SHIPMENT.  
SEC D. IF YOU CHECKED ANY ITEMS IN THE PART IV. SECTIONS A, B OR C PLEASE COMPLETE SECTION D, ITEMS 1 THROUGH 4 AS APPLICABLE OR IF THE PACKING LIST, GIVE A BRIEF DESCRIPTION.

NOTE: IF YOU ARE A RETURNING RESIDENT AND PREVIOUSLY EXPORTED MERCHANDISE PURCHASED IN THE U.S. (EX: A SANSUI STERIO) LIST THE ITEM, WHERE PURCHASED AND DATE, OR WHEN AND WHERE IT WAS PREVIOUSLY DECLARED TO U.S. CUSTOMS UPON EXPORT. THIS WILL AVOID THE ASSESSMENT OF CUSTOMS DUTIES UPON RE-ENTRY.

**PART V**

(1 & 2) TO BE FILLED IN BY U.S. AGENTS.

**PART VI**

TO BE COMPLETED BY THE U.S. AGENT.  
FILL IN YOUR COMPLETE SIGNATURE.  
TODAYS DATE.

-----

NOTE: WARNING DO NOT SHIP PROHIBITED ITEMS SUCH AS DRUGS.

ALCOHOL, TOBACCO AND LIKE ITEMS ARE SUBJECT TO IMPORT DUTY AND TAX NOT MATTER HOW LONG THEY HAVE BEEN OWNED AND ARE BEST NOT INCLUDED WITHIN YOUR SHIPMENT.

-----

## **How to fill out your Supplementary Declaration for Unaccompanied Personal and Household Effects Form.**

Numbers 1 through to 14 must be completed by you and should be self-explanatory

Number 15 and 16 – leave blank (this will be completed by our agent)

Number 17 – Circle Importer

Number 18 – Your signature

TREASURY DEPARTMENT US CUSTOMS SERVICE

SUPPLEMENTAL DECLARATION  
FOR UNACCOMPANIED PERSONAL  
OR HOUSEHOLD EFFECTS

1 OWNER OF HOUSEHOLD GOODS (Last name, first and middle)

2 DATE OF BIRTH

3 CITIZENSHIP

4 PASSPORT (Country and Number)

5 SOCIAL SECURITY NO

6 RESIDENT ALIEN NUMBER

7 US ADDRESS

10 EMPLOYER

11 POSITION WITH COMPANY

8 FOREIGN ADDRESS

12 LENGTH OF EMPLOYMENT

9 REASON FOR MOVING

13 NATURE OF BUSINESS

14 NAME & TELEPHONE OF COMPANY OFFICIAL WHO CAN VERIFY ABOVE INFORMATION

15 NAME & ADDRESS OF FREIGHT FORWARDERS PACKERS AND SHIPPING AGENTS

16 SHIPPING ITINERARY (Specify place of loading and intermediate ports)

17 CERTIFICATE

A Authorised Agents

B Importer (check one)

18 SIGNATURE

**INSTRUCTIONS FOR COMPLETING POWER OF ATTORNEY FORM**

Full name of shipper:            Client's full name

Residing at:                      Client's full UK address

Customs House Brokers:        Leave blank

*The rest leave blank until:*

IN WITNESS WHEREOF THE SAID:    Client's full name

Signature of shipper:                Client's signature

WITNESS:                                Leave blank

# *Power Of Attorney*

(TO CLEAR MY PERSONAL EFFECTS SHIPMENT THROUGH U.S. CUSTOMS)

Section 141.45. Title 19. United States Code of Federal Regulations Requires a Custom House Broker to obtain a valid Power of Attorney before transacting business in the name of his principal (Importer of Record).

To expedite clearance of your shipment and to comply with U.S. Customs regulations. Please complete the information requested below:

KNOW ALL MEN BY THESE PRESENTS: That \_\_\_\_\_  
(Full name of Shipper)

residing at \_\_\_\_\_  
(Full address overseas)

hereby constitutes and appoints the following Customs House Brokers:

---

as a true and lawful agent and attorney of the grantor named above for and in the name, place, and stead of said grantor from this date and in Customs District \_\_\_\_\_ and in no other name, to make, endorse, sign, declare, or swear to any entry, withdrawal, declaration, certificate, bill of lading, or other document required by law or regulation in connection with the importation, transportation, or exportation of any merchandise shipped or consigned by or to said grantor, to perform any act or condition which may be required by law or regulation in connection with such merchandise, to receive any merchandise deliverable to said grantor:

To make endorsements on bills of lading conferring authority to make entry and collect drawback, and to make, sign, declare, or swear to any statement, supplemental statement, schedule, supplemental schedule, certificate of delivery, certificate of manufacture, certificate of manufacturer and delivery, abstract of manufacturing records, declaration of proprietor on drawback entry, declaration of exporter on drawback entry, or any other affidavit or document which may be required by law or regulation for drawback purposes, regardless of whether such bill of lading, sworn statement, schedule, certificate, abstract, declaration, or other affidavit or document is intended for filing in said district or in any other customs district:

To sign, seal, and deliver for and as the act of said grantor any bond required by law or regulation in connection with the entry or withdrawal of imported merchandise or merchandise exported with or without benefit of drawback, or in connection with the entry, clearance, loading, unloading or navigation of any vessel or other means of conveyance owned or operated by said grantor, and any and all bonds which may be voluntarily given and accepted under applicable laws and regulations, consignee's and owner's declaration provided for in Section 485. Tariff Act of 1930, as amended, or affidavits in connection with the entry of merchandise:

To sign and swear to any document and to perform any act that may be necessary or required by law or regulation in connection with the entering, clearing, loading, unloading, or operation of any vessel or other means of conveyance owned or operated by said grantor.

And generally to transact at the customhouses in said district any and all customs business, including making, signing, and filing of protests under Section 514 of the Tariff Act of 1930, in which said grantor is or may be concerned or interested and which may properly be transacted or performed by an agent and attorney, giving to said agent and attorney full power and authority to do anything whatever requisite and necessary to be done in the premises as fully as said grantor could do if present and acting, hereby satisfying and confirming all that the said agent and attorney shall lawfully do by virtue of these presents: the foregoing Power of Attorney to remain in full force and effect until the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ or until notice of revocation in writing is duly given to and received by the District Director of Customs of the district aforesaid. If the donor of this Power of Attorney is a partnership, said power shall in no case have any force or effect after the expiration of two (2) years from the date of it's receipt in the office of the District Director of Customs of the said district.

IN WITNESS WHEREOF. the said \_\_\_\_\_  
(Full name of Shipper)

has caused these presents to be signed \_\_\_\_\_  
(Full signature of Shipper)

Date: \_\_\_\_\_

WITNESS: Sign and print your name. \_\_\_\_\_

\_\_\_\_\_

Dear All Coordinators:

Re: **Social Security # and card copy**

We have recently received a number of rejected entries from U.S Customs due to the mismatched social security #s provided by the importer/shipper on his/her Supplemental Declaration. We find that the numbers reported on the Supplemental Declaration by the importer are often time transposed or there is a change in the name and/or surnames, which creates a mismatch when Customs cross-reference the data with the Social Security department.

In order for us to ensure that the social security # is provided correctly, we request that you include a copy of the importer's U.S Social Security card along with the rest of the customs forms to ensure timely customs entry. If a copy is not available, please have the importer fill out the below.

Please kindly make a note of this to all of your booking agents for all future shipments.

Kindest Regards,

---

I verify that the Social Security # provided on my Supplemental Declaration and listed here on this form as \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ is correct.

The *exact name* as shown on my Social Security card is:

\_\_\_\_\_

Signature: \_\_\_\_\_

**PRINT OFF A CUSTOMS FORM 3299 AND ENCLOSE  
WITH THE PACK**