HHG IMPORTER SECURITY FILING 10+2 FORM

Customs Clearance Intl must receive this form no later than 72 hours before ETD from last transit port.

A SIGNED POWER OF ATTORNEY MUST BE PROVIDED ALONG WITH THIS FORM

OWNER (IMPORTER) INFORMATION

1. Full name as appears on Passport (Last, First)	2. Customer billing Reference number	3. SSN Number

IF 3. SSN NUMBER IS (PROVIDED) WE DO NOT NEED NUMBERS 4, 5, & 6

4. Date of Birth	5. Passport number	6. Passport Country

BILL OF LADING AND SHIPMENT INFORMATION

7. Carrier SCAC Code	8. Lowest level Bill of lading #	9. Name of carrier/steamship company issuing lowest level B/L	10. Vessel Name & Voy

11. ETD Vessel Departure Date	12. ETA Date (US Seaport)	13. Container # (if known) 1	14. Container # (if known) 2

STATES AND COUNTRIES THAT USE ZIP CODE AND POSTAL CODE (MUST BE PROVIDED)

US ADDRESS (IF KNOWN) IF NOT (NAME AND ADDRESS) OF WAREHOUSE RECEIVING THE CNT.

15. Name

16. Address line 1

17. Address line 2

18. City	19. State	20. Zip code

FOREIGN ADDRESS OF IMPORTER (IF KNOWN) if not (NAME AND ADDRESS) of warehouse storing the goods.

21. Name

22. Address line 1

23. Address line 2

24. City	25. Country	26. Postal Code

CONSOLIDATOR- Name and address of company who arranged for the goods to be stuffed

27. Name and address of company **(who)** arranged container to be stuffed

28. Address line 1

29. Address line 2

30. City	31. Country	32. Postal Code

CONTAINER Stuffing Loc. Supply the entity where container is stuffed & made ship ready

33. Name and address of company **(where)** container is being stuffed

34. Address line 1

35. Address line 2

36. City	37. Country	38. Postal Code