

New Customer Implementation Forms- Personal Effects



GLOBAL
LOGISTICAL
CONNECTIONS, INC.

Dear Recipient,

Below you will find the list of the required forms to be completed as part of our new customer implementation and onboarding process.

All forms are designed to be completed electronically. Required documents are as follows:

- **Customs Power of Attorney (POA)**
 - *This document contains detailed instructions about how to fill out the POA.*
- **CBP Form 3299**
 - *For unaccompanied personal and household effects.*
- **Supplemental Information Form**
 - *A supplemental declaration required by Customs and Border Protection for unaccompanied personal and household effects.*
- **New customer form**
 - *This information will be used to set up your profile in the system for operational, administrative, and billing purposes.*

Please complete and return the forms and email them to implementation@glc-inc.com

Thank you in advance,



Customs Power of Attorney (POA) Instructions

Please read carefully and use the following instructions to complete the POA form:

- (1) Type or print your IRS #. (EIN - Employer ID # or SSN - Social Security # as applicable). If importing under a Customs Assigned Number, that number must appear on the POA.
- (2) Check the appropriate business entity.
- (3) Type or print the full name of the Individual, Partnership, Corporation (as it appears on corporate records), Sole Proprietorship, or Limited Liability Company.
- (4) Type or print the appropriate business entity checked in (2) above.
- (5) Type or print the state in which you reside or are incorporated.
- (6) Type or print the complete address at which you conduct business, including city and state.
 - a. **Individuals:** Enter the legal residence of the person named in (3) above.
 - b. **Corporations, Limited Liability Companies, Partnerships and Sole Proprietorships:** Enter the corporate business address or the principal place of business of the company listed in (3) above.
- (7) Type or print the full name of the Individual, Partnership, Corporation (as it appears on corporate records), Sole Proprietorship, or Limited Liability Company.
- (8) Type or print **the name of the person duly authorized to execute the POA.**
 - a. **Corporation:** Corporate Officer empowered to grant POA on behalf of the corporation. **If other than a Corporate Officer, a Delegation of Authority must accompany the POA** (19 CFR 141.37).
 - b. **Partnership:** Any partner authorized to execute the POA. POA's for Partnerships and Limited Partnerships or LLP's **must be accompanied by a copy of the partnership agreement** [19 CFR 141.39(a)(2)].
 - c. **Limited Liability Company:** Designated Member, Managing Member or the Designated Person, **a Delegation of Authority must accompany the POA.**
 - d. **Sole Proprietorship:** The owner of the company named in (3) above.
 - e. **Individual:** The person named in (3) above.
- (9) Sign the POA: Signature must belong to the individual in (8) above.
- (10) Type or print signatory's title.
- (11) Type or print signatory's phone number.
- (12) Type or print signatory's e-mail address.
- (13) Enter the effective date in the following format: month/day/year.

If importing as an Individual, you must review the Individual Certification on Page 2 of the Power of Attorney and provide additional information.

****All Foreign Powers of Attorney from China require the Company CHOP to be stamped on the POA. ***



Acceptable POA Signatories:

Corporation:

President
Executive Vice President
Corporate Secretary
Treasurer
Chief Executive Officer
Chief Financial Officer
Chief Information Officer
Chief Operating Officer

Sole Proprietorship:

Owner

Limited Liability Company (2 Types):

Member Managed LLC:

- Member/Owner

Manager Managed LLC:

- Manager(s) Only
- Member/Owner CANNOT sign

Partnership (2 Types):

General Partnership:

- Generally *all* Partners have authority to sign
- Need the names of all Members of the Partnership
- One Member of the Partnership may execute the POA
- A copy of the Partnership agreement must accompany the POA

Limited Partnership:

- Only the General Partners have authority to sign
- Need the names of all General Partners who have authority to bind the firm unless the Partnership agreement provides otherwise
- One General Partner of the Partnership may execute the POA
- A copy of the Partnership agreement must accompany the PO

Customs Power of Attorney

Designation as Export Forwarding Agent

Acknowledgement of Terms & Conditions of Service

- (1) IRS / Customs Assigned Number / Social Security Number _____
- (2) Check Appropriate Business Entity:
- ☐ Individual
☐ Corporation
☐ Limited Liability Company
☐ Sole Proprietorship
- ☐ General Partnership
☐ Limited Liability Partnership

KNOW ALL MEN BY THESE PRESENTS: That, (3)_____ (“Grantor”) doing business as a (4) Select _____ under the laws of the State of (5) Select _____, residing or having a principal place of business at (6) _____, hereby

constitutes and appoints **GLOBAL LOGISTICAL CONNECTIONS, INC.** (“Grantee”) its officers, employees, and/or specifically authorized agents, to act for and on its behalf as a true and lawful agent and attorney of the Grantor for and in the name, place and stead of said Grantor, from this date, in the United States (the “territory”) either in writing, electronically, or by other authorized means, to:

Make, endorse, sign, declare, or swear to any customs entry, withdrawal, declaration, certificate, bill of lading, carnet or any other documents required by law or regulation in connection with the importation, exportation, transportation, of any merchandise in or through the customs territory, shipped or consigned by or to said Grantor;

Perform any act or condition, which may be required by law or regulation in connection with such merchandise deliverable to said Grantor; to receive any merchandise;

Make endorsements on bills of lading conferring authority to transfer title; make entry or collect drawback; and to make, sign, declare, or swear to any statement or certificate required by law or regulation for drawback purposes, regardless of whether such document is intended for filing with Customs;

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, lading, unlading 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 declarations provided for in section 485, Tariff Act of 1930, as amended, or affidavits or statements in connection with the entry of merchandise;

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, lading, unlading, or operation of any vessel or other means of conveyance owned or operated by said Grantor;

Authorize other Customs Brokers duly licensed within the territory to act as Grantor’s agent; to receive, endorse and collect checks issued for Customs duty refunds in Grantor’s name drawn on the Treasurer of the United States; if the Grantor is a nonresident of the United States, to accept service of process on behalf of the Grantor;

And generally to transact Customs business, including filing of claims or protests under section 514 of the Tariff Act of 1930, or pursuant to other laws of the territories, 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 necessary to be done in the premises as fully as said Grantor could do if present and acting, hereby ratifying and confirming all that the said agent and attorney shall lawfully do by virtue of these presents;

This power of attorney to remain in full force and effect until notice of revocation in writing is duly given to and received by grantee (if the donor of this power of attorney is a partnership, the said power shall in no case have any force or effect in the United States after the expiration 2 years from the dates of its execution);

Appointment as Forwarding Agent: Grantor authorizes the above Grantee to act within the territory as lawful agent and sign or endorse export documents (i.e. commercial invoices, bill of lading, insurance certificates, drafts and any other document) necessary for the completion of an export on Grantor’s behalf as may be required under law and regulation in the territory and to appoint forwarding agents on Grantor’s behalf;

If you are the importer of record, payment to the broker will not relieve you of liability for customs charges (duties, taxes, or other debts owed CBP) in the event the charges are not paid by the broker. Therefore, if you pay by check, customs charges may be paid with a separate check payable to the “US Customs and Border Protection” which will be delivered to CBP by the broker.
Grantor acknowledges receipt of **Global Logistical Connections, Inc** Terms & Conditions of Service governing all transactions between the Parties.

Signatory certifies that he/she has full authority to execute this power on behalf of the Grantor.

IN WITNESS WHEREOF, the said (Full Name of Company - “Grantor”) (7)

caused these presents to be sealed and signed:

(Complete Printed Name of Signer) (8)

(Signature of Signer) (9)

(Capacity of Signer) (10)

(Phone Number of Signer) (11)

(e-mail address of Signer) (12)

(Date) (13)

Per Customs Regulation 19 C.F.R. 111.36(c)(3), I confirm this Personal Effects Packet is being completed by an approved signatory authorized to sign on behalf of the entity acting as the Importer of Record. I confirm that I am NOT a freight forwarder or unlicensed third party acting on behalf of the Importer of Record.

Please email completed Power of Attorney to customscompliance@glc-inc.com.

Individual Certification

Individuals that are importing into the United States are required to provide 1 of the 3 additional requirements below in addition to completing the Power of Attorney form:

- Have the POA notarized by someone other than yourself (see page 3)
- Provide 1 copy of the below forms of identification:
 - Government issued ID ex. Driver’s license, State issued ID, Passport, Work Visa, Green Card, DOD or Military ID cards
- If the above forms of identification are not available, we need 2 of the below forms:
 - Front and Back of Social Security Card
 - Copy of Birth Certificate
 - Mail showing your name and address
 - Tax Return



State of _____)

County of _____)

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: _____
name(s) of principal(s)

Date: _____

Signature of Notary

Printed Name of Notary

(seal)

My commission expires: _____

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

FORM APPROVED OMB NO. 1651-0014 Exp. 03-31-2013

**DECLARATION FOR FREE ENTRY
OF UNACCOMPANIED ARTICLES**

19 CFR 148.6, 148.52, 148.53, 148.77

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0014. The estimated average time to complete this application is 45 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.

PART I -- TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY OF ARTICLES (Please consult with the CBP official for additional information or assistance. REMEMBER--All of your statements are subject to verification. False declarations or failure to declare articles could result in penalties.)

1. IMPORTER'S NAME (Last, first and middle)	2. IMPORTER'S DATE OF BIRTH	3. IMPORTER'S DATE OF ARRIVAL
4. IMPORTER'S U.S. ADDRESS	5. IMPORTER'S PORT OF ARRIVAL	
	6. NAME OF ARRIVING VESSEL CARRIER AND FLIGHT/TRAIN	
7. NAME(S) OF ACCOMPANYING HOUSEHOLD MEMBERS (wife, husband, minor children, etc.)		

8. THE ARTICLES FOR WHICH FREE ENTRY IS CLAIMED BELONG TO ME AND/OR MY FAMILY AND WERE IMPORTED	A. DATE	B. NAME OF VESSEL/CARRIER	C. FROM (Country)	D. B/L OR AWB OR I.T. NO.
E. NUMBER AND KINDS OF CONTAINERS	F. MARKS AND NUMBERS			

PART II -- TO BE COMPLETED BY ALL PERSONS EXCEPT U.S. PERSONNEL AND EVACUEES

9. RESIDENCY ("X" appropriate box) I declare that my place of residence abroad <input type="checkbox"/> is <input type="checkbox"/> was	A. NAME OF COUNTRY	B. LENGTH OF TIME Yr. Mo.
C. RESIDENCY STATUS UPON MY/OUR ARRIVAL ("X" One) <input type="checkbox"/> (1) Returning resident of the U.S. <input type="checkbox"/> (2) Nonresident:	<input type="checkbox"/> a. Emigrating to the U.S. <input type="checkbox"/> b. Visiting the U.S.	
10. STATEMENT(S) OF ELIGIBILITY FOR FREE ENTRY OF ARTICLES I the undersigned further declare that ("X" all applicable items and submit packing list):		
A. Applicable to RESIDENT and NONRESIDENT		
<input type="checkbox"/> (1) All household effects acquired abroad for which free entry is sought were used abroad for at least one year by me or my family in a household of which I or my family was a resident member during such period of use, and are not intended for any other person or for sale. (9804.00.05, HTSUSA)		
<input type="checkbox"/> (2) All instruments, implements, or tools of trade, occupation or employment, and all professional books for which free entry is sought were taken abroad by me or for my account or I am an emigrant who owned and used them abroad. (9804.00.10, 9804.00.15, HTSUSA)		
B. Applicable to RESIDENT ONLY		
<input type="checkbox"/> All personal effects for which free entry is sought were taken abroad by me or for my account. (9804.00.45, HTSUSA)		
C. Applicable to NONRESIDENT ONLY		
<input type="checkbox"/> (1) All household effects acquired abroad for which free entry is sought were used abroad for at least one year by me or my family in a household of which I or my family was a resident member during such period of use, and are not intended for any other person or for sale. (9804.00.05, HTSUSA)		
<input type="checkbox"/> (2) Any vehicles, trailers, bicycles or other means of conveyance being imported are for the transport of me and my family and such incidental carriage of articles as are appropriate to my personal use of the conveyance. (9804.00.35, HTSUSA)		

PART III -- TO BE COMPLETED BY U.S. PERSONNEL AND EVACUEES ONLY

I, the undersigned, the owner, importer, or agent of the importer of the personal and household effects for which free entry is claimed, hereby certify that they were in direct personal possession of the importer, or of a member of the importer's family residing with the importer, while abroad, and that they were imported into the United States because of the termination of assignment to extended duty (as defined in section 148.74(d) of the Customs Regulations) at a post or station outside the United States and the CBP Territory of the United States, or because of Government orders or instructions evacuating the importer to the United States; and that they are not imported for sale or for the account of any other person and that they do not include any alcoholic beverages or cigars. Free entry for these effects is claimed under Subheading No. 9805.00.50, Harmonized Tariff Schedule of the United States.

1. DATE OF IMPORTER'S LAST DEPARTURE FROM THE U.S.	2. A COPY OF THE IMPORTER'S TRAVEL ORDERS IS ATTACHED AND THE ORDERS WERE ISSUED ON:
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PART IV -- TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY OF ARTICLES (Certain articles may be subject to duty and/or other requirements and must be specifically declared herein. Please check all applicable items and list them separately in item D on the reverse.)

A. For U.S. Personnel, Evacuees, Residents and Non-Residents		B. For Residents and Non-Residents ONLY	
<input type="checkbox"/> (1) Articles for the account of other person.	<input type="checkbox"/> (2) Articles for sale or commercial use.	<input type="checkbox"/> (7) Foreign household effects acquired abroad and used less than one year.	<input type="checkbox"/> (8) Foreign household effects acquired abroad and used more than one year.
<input type="checkbox"/> (3) Firearms and/or ammunition.	<input type="checkbox"/> (4) Alcoholic articles of all types or tobacco products.	C. For Resident ONLY	
<input type="checkbox"/> (5) Fruits, plants, seeds, meats, or birds.	<input type="checkbox"/> (6) Fish, wildlife, animal products thereof.	<input type="checkbox"/> (9) Personal effects acquired abroad.	
		<input type="checkbox"/> (10) Foreign made articles acquired in the United States and taken abroad on this trip or acquired abroad on another trip that was previously declared to CBP.	
		<input type="checkbox"/> (11) Articles taken abroad for which alterations or repairs were performed abroad.	

D. LIST OF ARTICLES

(1) ITEM NUMBER CHECKED IN PART IV, A., B., C.	(2) DESCRIPTION OF MERCHANDISE	(3) VALUE OF COST OF REPAIRS	(4) FOREIGN MERCHANDISE TAKEN ABROAD THIS TRIP: <i>State where in the U.S. the foreign merchandise was acquired or when and where it was previously declared to CBP.</i>

PART V -- CARRIER'S CERTIFICATE AND RELEASE ORDER

The undersigned carrier, to whom of upon whose order the articles described in PART I, 8., must be released, hereby certifies that the person named in Part I, 1., is the owner or consignee of such articles within the purview of section 484(h), Tariff Act of 1930.

In accordance with provisions of section 484(h), Tariff Act of 1930, authority is hereby given to release the articles to such consignee.

1. NAME OF CARRIER	2. SIGNATURE OF AGENT (Print and sign) Date
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PART VI -- CERTIFICATION TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY

I, the undersigned, certify that this declaration is correct and complete.

1. "X" One

☐ A. Authorized Agent* (From facts obtained from the importer) ☐ B. Importer

2. SIGNATURE	3. DATE
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**An Authorized Agent is defined as a person who has actual knowledge of the facts and who is specifically empowered under a power of attorney to execute this declaration (see 19 CFR 141.19, 141.32, 141.33).*

PART VII -- CBP USE ONLY (Inspected and Released)	1. SIGNATURE OF CBP OFFICIAL	2. DATE
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**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 (Country and Number): _____

5. SOCIAL SECURITY No.: _____ - _____ - _____ 6. RESIDENT ALIEN No.: _____

7. CURRENT ADDRESS (USA)

(Street address, City, State Zip): _____

8. FOREIGN ADDRESS (Outside USA)

(Street address, City, State Zip): _____

9. REASON FOR MOVING: _____

10. EMPLOYER: _____

11. POSITION WITH EMPLOYER: _____

12. LENGTH OF EMPLOYMENT: _____ 13. NATURE OF BUSINESS: _____

14. NAME AND TELEPHONE OF COMPANY OFFICIAL WHO CAN VERIFY ABOVE
INFORMATION: _____

15. NAME AND ADDRESS OF FREIGHT FORWARDERS, PACKERS OR SHIPPING AGENTS:

(Name, Address)

(Name, Address)

16. SHIPMENT ITINERARY

(Specify place of landing and intermediate ports): _____

17. CERTIFICATION: (A) () AUTHORIZED AGENT (B) () IMPORTER **(CHECK ONE)**

SIGNATURE: _____ **DATE:** _____



New Customer Form

Personal Information

Full Name:

Full Address:

City:

State:

ZIP Code:

Country:

Phone:

Fax:

Email Address:

Billing Address:

City:

State:

ZIP Code:

Country:

Customs Requirements

SSN #:

Date of Birth:

Agreement

1. The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances.
2. I/We certify that the foregoing information is complete, accurate, and voluntary for the purpose of obtaining credit in connection with our business.

Signature:

Print Name:

Title:

Date:

Personal Guarantee

In consideration of credit being extended by GLC to Applicant, I/we hereby personally guarantee to GLC payment of any obligation of Applicant and agree to be bound to pay GLC on demand any sum that may become due to GLC from Applicant. It is understood and agreed that this guaranty shall be a primary, absolute, continuing and irrevocable guaranty and indemnity for such indebtedness and will not be subject to any counterclaims, set-offs, other deductions or defenses. I/We hereby waive notice of default, non-payment or non-performance, dishonor, protest, presentment, diligence, promptness, creation, renewal, accrual, extension, proof or reliance and agree to be bound by all applicable terms and conditions set forth in this Application, including the Terms and Conditions. This Guaranty will not be released, discharged, terminated, modified, affected or impaired by any occurrences or circumstances whatsoever, including without limitation, any insolvency, bankruptcy, reorganization or other similar proceeding affecting Applicant or its assets or any negotiations or course of dealing between GLC and the Applicant. If any of the undersigned is not an "applicant for credit" under 12 C.F.R. Section 202.2(e) of the regulations enacted under the Equal Credit Opportunity Act of 1974 ("ECOA"), such person acknowledges that (a) this guaranty has been executed to provide credit support for Applicant under this Application, and (b) such party was not required to execute this guaranty in violation of 12 C.F.R Section 202.7(d) of ECOA. This guaranty shall be binding upon the heirs, administrators, successors and assigns of the undersigned.

Signature:

Signature:

Print Name:

Print Name:

Title:

Title:

Date:

Date: