



AUTHENTICATION REQUEST FORM

DATE OF REQUEST: ___ / ___ / ___ (m/d/y)

CONSUMER NAME: _____

MAILING ADDRESS: _____

CITY: _____ PROV./STATE: _____ COUNTRY: _____

POSTAL CODE/ZIP CODE: _____

EMAIL: _____

TELEPHONE () _____ FAX: () _____

Information Required for Authentication

1. Name of Retailer: _____

2. Address: _____ City _____ Prov./State _____

Country _____ Postal Code/Zip Code _____

Telephone: _____

4. Date of Purchase: _____

5. Invoice #: _____

6. Diamond Identification Number (DIN): _____

7. Polished Diamond Description:

Cut/Shape _____

Carat Weight _____

Colour _____

Clarity _____

Proportion Information _____

SUBMIT