RAPAPORT®

US PATRIOT ACT ANTI-MONEY LAUNDERING COMPLIANCE
TRADING PARTNER VERIFICATION FORM

Dear Trading Partner,

In accordance with the requirements of AML and compliance legislation and regulations, please complete, sign, and return this form to us by fax: 212-840-0243 or email: compliance@diamonds.net in order for us to trade with you. We are unable to complete any transaction with you without this information.

Thank you for your prompt attention to this matter.

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Company registered name: _____

Trading name (dba) (if different): _____

Registered address: _____

City: _____State: _____ ZIP: _____ Country: _____

Business address (if different): _____

City: _____State: _____ ZIP: _____ Country: _____

Phone number: _____ Fax number: _____

Email address: _____ Website: _____

Company Registration #: _____ State Business License #: _____ Resale Certificate #: _____

Bank Name: _____ Branch Address: _____

Company Director Names: 1. _____ 2. _____

Compliance Questionnaire:

1. Does your company comply with any of these industry standards?
   ☐ RJC (Responsible Jewelry Council)   ☐ BPP (De Beers Best Practice Principles)
   ☐ SRSP (Signet Responsible Sourcing Protocol) ☐ No/Not applicable

2. Does your company perform customer identification and verification procedures (KYC)?   ☐ Yes   ☐ No

3. Does your company have an Anti-Money Laundering (AML) Compliance policy?   ☐ Yes   ☐ No

If no, please provide details: _____

_____

_____

4. Compliance Officer Name: _____

5. Origin of the goods that you supply to us:

    a. Are the diamonds you supply to us second-hand diamonds?
        ☐ Yes   ☐ No

    b. If you do know the origin of the diamonds you supply to us, please fill in the following table. If possible, please indicate the estimated percentages in the relevant following categories:

        -   Polished goods with known origin (mine, company, region, etc.): _____ %
        -   Polished goods for which limited origin information is available: _____ %
        -   Polished goods for which the origin information is not available: _____ %
        -   Goods are second-hand and are of unknown origin: _____ %

PLEASE PROVIDE A CURRENT COPY OF YOUR CERTIFICATE OF INCORPORATION OR STATE BUSINESS LICENSE AND A COPY OF THE GOVERNMENT ISSUED ID OF THE LEGAL REPRESENTATIVE SIGNING THIS FORM.

I hereby confirm that the above information is true and correct and undertake to update these details in case of changes and hereby confirm the warranties and declarations of this form.

Name: _____ Title: _____

Signature: _____ Date: _____