

Request Form for testing of Gem Materials



CLIENT NAME _____	REQUEST FORM No. _____
CLIENT ADDRESS _____	
LICENSE NO (In case of registered jewelers) _____	SENDER No: _____

LOOSE STONE / ROUGH STONE (1)				
<input type="checkbox"/> LOOSE STONE	<input type="checkbox"/> ROUGH STONE	<input type="checkbox"/> TRANSPARENT	<input type="checkbox"/> TRANSLUCENT	<input type="checkbox"/> OPAQUE
WEIGHT/ cts: _____	SHAPE & CUT: _____			
COLOR: _____	MEASUREMENTS (mm): _____			

STONE SET (2)				
<input type="checkbox"/> EARRINGS	<input type="checkbox"/> RINGS	<input type="checkbox"/> BROACHES	<input type="checkbox"/> BRACELETS	
<input type="checkbox"/> PENDANTS	<input type="checkbox"/> BANGLES	<input type="checkbox"/> NECKLACE	<input type="checkbox"/> OTHER PLS SPECIFY _____	

Description of stones to be tested: _____	Weight (in gm): _____
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PEARL or BEAD - Necklace / Row: (3)				
<input type="checkbox"/> PEARL	<input type="checkbox"/> BEAD	No. Of Rows: _____	Graduated ⇨ <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of pearls / beads in each row: _____
Total weight: (gm) _____		Shape: _____		Color: _____
Size of center pearl / bead (mm): _____		Size of ended pearl / bead (mm): _____		

CLIENT REQUESTED:			
<input type="checkbox"/> Gem Identification	<input type="checkbox"/> Pearl Identification	<input type="checkbox"/> Diamond Grading	<input type="checkbox"/> New Issued Report
<input type="checkbox"/> Small Diamond Report ⇨ <input type="checkbox"/> Clarity <input type="checkbox"/> Color	<input type="checkbox"/> Small Report ⇨ <input type="checkbox"/> Gems <input type="checkbox"/> Pearls		
<input type="checkbox"/> Lot investigation	<input type="checkbox"/> Oversea service	<input type="checkbox"/> Jewellery Certificate	<input type="checkbox"/> Sealing Facility
<input type="checkbox"/> Other, please specify details.....		EXPRESS: NO / YES ⇨ Date of return & Time:.....	

RECEIVING	RETRUN
DATE RECEIVED	DATE OF RETURNED
ITEM RECEIVED BY	WEIGHT RETURNED
	ITEM RETURNED BY
	CLIENT ACKNOWLEDGMENT

Remark: _____

I agree the details on this form correctly reflect the description of the item I have left for examination. I have also read and fully understand the client agreement printed on the reverse of this request to be bended by its content.

APPLICANT SIGNATURE & STAMP

DATE _____

Amount to be paid: