

RAPAPORT®

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

Dear Trading Partner,

In accordance with the requirements of the US PATRIOT ACT we have implemented an anti-money laundering program. Please complete, sign and return this form to us by fax: 212-840-0243 or email: compliance@diamonds.net in order for us to comply with our obligations under the Act. We are unable to complete any transaction with you without this information.

Thank you for your prompt attention to this matter.

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: _____

Director names: 1. _____ 2. _____

Compliance officer name: _____

Does your company have an anti-money laundering policy? yes no

If no, please provide details: _____

PLEASE PROVIDE A CURRENT COPY OF YOUR CERTIFICATE OF INCORPORATION OR STATE BUSINESS LICENSE

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

Name: _____ Title: _____

Signature: _____ Date: _____