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IDENTIFICATION AND VERIFICATION FORM

PLEASE TAKE TIME TO COMPLETE:

LEGAL NAME _____
TRADING NAME (D/B/A) IF APPLICABLE _____
BUSINESS ADDRESS (STREET, CITY, STATE AND ZIP) _____

POSTAL ADDRESS (IF DIFFERENT) _____

PHONE NUMBER (INCLUDING AREA CODE) _____
FAX NUMBER (INCLUDING AREA CODE) _____

EMAIL ADDRESS _____

GOVERNMENT ISSUED IDENTIFICATION NUMBER _____
CIRCLE ONE: SOCIAL SECURITY, TAX IDENTIFICATION, PASSPORT, LICENSE, ETC.

OWNER(S) OF BUSINESS _____

HAVE YOU ESTABLISHED AN ANTI MONEY LAUNDERING PROGRAM OR ARE YOU IN
THE PROCESS OF ESTABLISHING ONE ACCORDING TO THE USA PATRIOT ACT?
_____ YES _____ NO

1. I CONFIRM THAT THE ABOVE DETAILS ARE TRUE AND CORRECT.
2. I CONFIRM THAT I HAVE PROVIDED/ WILL PROVIDE ALL REQUIRED DOCUMENTATION.
3. I UNDERTAKE TO PROVIDE ANY CHANGES TO THE AFORESAID DETAILS.
4. I CONFIRM THAT WHERE APPLICABLE, I HAVE DISCLOSED ALL RELEVANT INFORMATION

SIGNED _____ ON _____