



406 West Basin Rd. Tel: 888 322 6150
 New Castle, DE 19720 Fax: 302 322 6870

www.DiamondStateDepository.com

Please FAX this completed form to Diamond State at 302 322 6870

Depository Transaction Request Form 09 / 10

Date of Request: _____
 Your Company Name: _____
 Your Reference No. (if any): _____

From Account / Depositor / Carrier :
 Name: _____ DSD Acct No. _____
 (If Applicable)

Type of Service Requested (select only one & provide amplifying info below):

- () Internal Transfer () Receive Product For Account
- () US Postal Delivery
- () FedEx Delivery: () Overnight () 2-Day () International **
- () UPS Delivery: () Overnight () 2-Day
- () Direct Release to Company Agent / Customer
- () Other (describe): _____

** If International, provide information in box immediately to the right

() Transfer () Release () Deliver To Account OR Addressee:

Name: _____ DSD Acct No. _____
 Delivery Address (if Applicable):

International Shipment: FedEx / UPS Acct No. _____
 Recipient Tel No _____ Harmonized Code _____
 Exemption Code (if applicable): _____

Product	Brand	Serial No.	Quantity	Gross Tr. Oz.	Fineness	This Space For Depository Use Only		Trans No: _____	
						Vault OUT	IN	Date	Initials 1 2

Additional Product Info: _____

Authorized Signature(s):
 1. _____ / 2. _____

DIRECT RELEASE: Date: _____
 Released To: _____
 /S/ _____

For DSD Use:
 CSO Initial

Additional Instructions: _____
