

# WGI SUBMISSION FORM



WORLD  
GEMOLOGICAL  
INSTITUTE™

Please complete all sections 1 - 4. Incomplete forms may result in delays to your work.

## 1. YOUR DETAILS

Company Name:	Contact Name:
Name:	ID / Passport:
Address:	
Postcode:	Telephone:
Email Address:	

## 2. CLIENT SPECIFICATIONS

### DIAMOND REPORT ( ID - natural or synthetic diamond Colour - Natural or treated)

Qty	Ref/Description/ct	Verbal colour /Clarity only	Laser Inscription	A4 Report	A5 Report
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### GEMSTONE REPORT ( GEM ID - natural or synthetic Treatment - to check for evidence of treatment)

Qty	Ref/Description/ct	Gem ID Verbal	Origin	A4 Report	A5 Report
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### JEWELLERY REPORT ( ID - natural or synthetic diamond Colour - Natural or treated) ( GEM ID - natural or synthetic Treatment - to check for evidence of treatment)

Qty	Ref/Description/ct	Verbal	Laser Inscription	A4 Report	A5 Report
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PEARL

Qty	Ref/Description/ct	Verbal	A4 Report	A5 Report
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. RETURN (If left blank, we will return to address as above) ( Return Transit Insurance Cover : Royal Mail - Special Delivery £ 2.5000 k per parcel as standard)

Address:	Return to:
	Postcode:

## 4. PAYMENT METHOD (Please tick one)

<b>PACKAGE FORMULA</b> Not available with first order <input type="checkbox"/>	<b>CREDIT / DEBIT CARD</b> <input type="checkbox"/>	<b>CASH</b> <input type="checkbox"/> Also indicate: Call for card details <input type="checkbox"/> Use card on file <input type="checkbox"/>	<b>CHEQUE</b> <input type="checkbox"/> Made payable to WGI Academy LTD
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Customer Signature:

Date:

Thank you for your business!

100 Hatton Garden, Suite 207  
EC1N 8NX London  
+44 (0) 2031980478  
www.wgi-global.com

