

ASSAY DOCKET

(Please provide two copies of the completed Assay Docket with each parcel)

Please ensure that you fill in all relevant spaces. The Assay Office will not accept responsibility for misunderstanding arising from omissions.

PLEASE WRITE IN BLOCK CAPITALS

Name of Sponsor/Maker: (All Invoices will be issued to the registered owner)					
Address of Sponsor/Maker:					
Tel. No:			Sent by (for imported parcels only):		
Origin of articles: (Please tick)		Wrought/made in ROI	<input type="checkbox"/>	Imported	<input type="checkbox"/>
				Second hand	<input type="checkbox"/>
Method of return: (Please tick)		Collect	<input type="checkbox"/>	Post	<input type="checkbox"/>
				Courier	<input type="checkbox"/>

Account No.

Statement to be made in writing by manufacturers, dealers and others sending articles of precious metals to be assayed and hallmarked. Any person making a false statement is liable to prosecution. Statutory Rules and Order No. 254/1935.

Goods are dealt with at "owner risk" and no responsibility from whatever cause arising is accepted in respect thereof.

Signature: _____

Date: _____

SILVER			GOLD			PLATINUM			Wt (g)
No. of Articles	Description	Fineness	No. of Articles	Description	Fineness	No. of Articles	Description	Fineness	
	Bracelets			Bracelets			Rings		Platinum 950
	Bangles			Bangles					Platinum <input type="checkbox"/>
	Chains			Chains					Gold 22ct
	Cufflinks			Cufflinks					Gold 18ct
	Earrings			Earrings					Gold 14ct
	Medals			Medals					Gold 10ct
	Pendants			Pendants					Gold 9ct
	Rings			Rings					Palladium <input type="checkbox"/>
	Plate			Rings					Silver 999
									Silver 925
									Silver 800
									Silver Plate
Mixed Metals (more than one precious metal)									Date Letter
QTY	Rings	(SIL/9ct)	QTY	Chains	(SIL/10ct)	TOTAL LASER HALLMARKS *			Spread Marks
QTY	Earrings	(18ct/Pt)	QTY	Pendants	(SIL/14ct)	QTY Skeletal			Traditional Mark
						QTY Deep laser			Maker's Mark
									PARCEL No. (For official use only)

* Articles must be submitted in **separate bags** clearly labelled **SKELETAL** or **DEEP LASER** with the appropriate Fineness.

REPORTS	<input type="checkbox"/>	EXPRESS	<input type="checkbox"/>	CCM	<input type="checkbox"/>
----------------	--------------------------	----------------	--------------------------	------------	--------------------------

SPECIAL REQUESTS/MARKING INSTRUCTIONS (Please note that instructions will be taken from here only)

For official use only:

Actual Count		Reports		Skeletal Laser		Tests:
Not for Marking		Exam. Fee		Deep Laser		
Work marked by	Comments	Makers/Metal/Part		Packing Fee		
		Date Letter		Post		
		Spread Marks		Open (No./Time)		
		Traditional Marks		Rebag (No./Time)		