

DELAWARE DEPOSITORY

3601 North Market Street, Wilmington, DE 19802
 Tel: (302) 765-3889 Email: ddsops@delawaredepository.com

Metals Movement Request Form

Fax completed form to: (302) 762-2674

Date: _____

Your Reference: _____

Owner / Authorized Signature(s):

Carrier (select only one):

Select Method (select only one):

Select Billing (select only one):

USPS Registered (PO Box Only)

Next Day

X _____

UPS

Second Day

COD

X _____

Fed-Ex

Ground (UPS Only)

Other (Explain in Special Instructions below)

Other _____

Internal Transfer

MOVE METAL FROM:

A/C Title: _____ A/C #: _____

MOVE METAL TO:

A/C Title/Recipient: _____ A/C #: _____

Address: _____

Email: _____ Tel: _____

Depository Product Code or Short Description

Brand

Serial Number

Item Quantity

Gross Troy Ounces

Purity

FOR DEPOSITORY USE ONLY

Location

Initials

Out

In

Date

1

2

Depository Product Code or Short Description	Brand	Serial Number	Item Quantity	Gross Troy Ounces	Purity	Location		Date		Initials	
						Out	In	1	2	1	2

Notes: