

# TELL US MORE

## ABOUT YOUR COINS & MEDALS!

Please answer the following questions as best you can.

By doing so, you will help us to tailor our advice entirely to your needs.

**Thank you very much for your support!**

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**1. Do you have a table of contents, an inventory or something similar?**

If yes, please enclose copies directly to this form.

Yes, copies are attached

No

**2. Which metal are the coins or medals mostly made of?**

For gold and silver coins please indicate the approximate weight.

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**3. How many gold coins or medals, how many silver coins or medals, and how many coins and medals made of base metals do you have in your collection?**

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**4. Were the coins in circulation or are they freshly minted pieces?**

Note: Coins from circulation have a rather low value, as they usually show heavy signs of use.

rather used coins

rather new coins

**5. Which time periods, countries or topics have been collected?**

*e.g. ancient, modern times, Europe, Olympic Games etc..*

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**6. How many volumes does the collection comprehend?**

*e.g. 15th century or complete series of an area (ready-made collection) etc.*

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**7. How extensive is the collection?**

*Number of albums, boxes, cartons, etc.*

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**8. Were some pieces perhaps checked?**

If yes, attach the copies of the certificates, expert reports or deeds directly to this form.

- Yes, copies are attached
- No

**9. Where or how the coins or medals were acquired?**

*e.g. exchange, dealer, auction, mail, inheritance.*

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**10. How much is estimated to have been invested in the collection?**

**Are there still former purchase invoices or receipts enclosed?**

If yes, please attach copies directly to this form.

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**11. Are you aware of a catalogue value and / or an estimated commercial value of the collection?**

If yes, please specify in CHF or EUR.

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**12. How high would you yourself rate the value of the collection?**

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Please return the completed form by post or by email.

**We will contact you as soon as possible! Thank you very much.**



**Rapp Auctions**

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Title \_\_\_\_\_

First Name \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

ZIP Code / City \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_