



# THE COMMONWEALTH OF MASSACHUSETTS

## DIVISION OF BANKS

One Federal Street, Suite 710, Boston, Massachusetts 02110

### INSTRUCTIONS

#### **THIS AMENDMENT FORM MUST BE TYPED.**

Any Changes in Ownership will require a new Foreign Transmittal Agency Agent/Delegate Location Form to be completed.

A Change of Address will result in a \$200 fee invoiced through the NMLS. Fees collected through NMLS are NOT REFUNDABLE OR TRANSFERABLE.

Name Change (Update to #1): Additional Documentation Required: Provide all relevant name change documentation from the Secretary of State(s) office(s) to verify the legal name of the Foreign Transmittal Agency Agent/Delegate has been properly amended with the Secretary of the Commonwealth. Based on review of the notification, additional documents may be required.

DBA AMENDMENT (Update to #2): Additional Documentation Required: Any change in DBA must be supplemented by a copy of the business certificate issued by a city or town.

If an entity is filing this Amendment as a result of a change in branch manager, please include a Biographical Form for New Manager and an authorization for background check and release form. An executed copy of the [CORI REQUEST FORM](#), and a copy of the individual's government issued photographic form of identification, for the Branch/Agent Manager must be included.

Please submit this AMENDMENT by email to [dob.ftannualreport@mass.gov](mailto:dob.ftannualreport@mass.gov).

The Division of Banks (Division) will not accept this AMENDMENT by mail. For further assistance please contact the Licensing Unit at (617) 956-1500, ext. 61479.

**AMENDMENT****(ONLY CHECK THE  
BOXES BELOW FOR  
ITEMS THAT ARE  
BEING AMENDED)****FOREIGN TRANSMITTAL AGENCY AGENT/DELEGATE LOCATION FORM**Legal Name of Licensee (i.e. the licensed foreign  
transmittal agency):

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NMLS Number of Licensee (i.e. the licensed foreign  
transmittal agency):

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Agent/Delegate License Number: 

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1. ☐

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NEW Agent/Delegate company legal name2. ☐

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NEW DBA under which the Agent/Delegate commonly operates3. ☐

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NEW Physical address (Number and Street)

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NEW Physical City, State/Country, Zip+4/Postal Code4. ☐

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NEW Manager of this Agent/Delegate location: Manager Name. **Include the (Agent/Delegate Location  
Manager Biographical Statement & Consent Form) with this filing.**5. ☒

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NEW Business (Area Code) and Telephone Number

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NEW Fax (Area Code) and Number

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NEW Branch/Agent/delegate website

|                             |   |                     |
|-----------------------------|---|---------------------|
| 6. <input type="checkbox"/> | NEW Contact person designated to receive inquiries regarding this Agent/Delegate location. <b>(This MUST be a contact person for the Foreign Transmittal Company Licensee).</b> |                     |
|                             | Contact Person Name   |                     |
|                             | Business Phone (include extension)  | e-mail address      |
| 7. <input type="checkbox"/> | NEW Physical address of location where the official books and records generated by this Agent/Delegate office will be kept.   |                     |
|                             | Records Custodian Name  | e-mail address      |
|                             | Business Phone (include extension)  | Fax Line            |
|                             | Number & Street   | City                |
|                             | State / Province & Country  | Zip+4 / Postal Code |

**EXECUTION:** The undersigned, attests that he/she has executed this form on behalf of, and with the authority of, said Foreign Transmittal Agency and agrees to and represents the following:

- (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete.
- (2) To the extent any information previously submitted is not amended such information is currently accurate and complete.
- (3) That the Massachusetts Division of Banks may conduct any investigation in accordance with state law, into the background of the Foreign Transmittal Agency and the Agent/Delegate manager.
- (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis.
- (5) To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of the foreign transmittal business.

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of *Licensee's* (i.e. foreign transmittal agency's) representative.  
**(This MUST be a representative of the Licensee).**

by \_\_\_\_\_

Print *Licensee's* (i.e. foreign transmittal agency's) representative name  
**(This MUST be a representative of the Licensee)**

***This execution must always be completed in full with signature.***