



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF BANKS

1000 Washington Street, 10th Floor, Boston, Massachusetts 02118

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.

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):

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

Agent/Delegate License Number: _____

1.

NEW Agent/Delegate company legal name

2.

NEW DBA under which the Agent/Delegate commonly operates

3.

NEW Physical address (Number and Street)

NEW Physical City, State/Country, Zip+4/Postal Code

4.

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

5.

NEW Business (Area Code) and Telephone Number

NEW Fax (Area Code) and Number

NEW Branch/Agent/delegate website

6. <input type="checkbox"/>	NEW Contact person designated to receive inquiries regarding this Agent/Delegate location. (This MUST be a contact person for the Foreign Transmittal Company Licensee).	
	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.