



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF BANKS

One Federal Street, Suite 710, Boston, Massachusetts 02110

INSTRUCTIONS

THIS SURRENDER REQUEST FORM MUST BE TYPED.

Please submit this SURRENDER REQUEST by email to dob.ftannualreport@mass.gov.
The Division of Banks (Division) will not accept this SURRENDER REQUEST by mail. For further assistance please contact the Licensing Unit at (617) 956-1500, ext. 61479.

<div>SURRENDER</div>		<div>FOREIGN TRANSMITTAL AGENCY AGENT/DELEGATE LOCATION FORM</div>	
<div>Legal Name of Licensee (i.e. the licensed foreign transmittal agency):</div> <div></div>		<div>NMLS Number of Licensee (i.e. the licensed foreign transmittal agency):</div> <div></div>	
<div>Agent/Delegate License Number: </div>			
1.	<div>Agent/Delegate company legal name:</div> <div></div>		
2.	<div>If applicable, DBA under which the Agent/Delegate commonly operates</div> <div></div>		
3.	<div>Physical address of Agent/Delegate (Number and Street)</div> <div></div> <div>Physical City, State/Country, Zip+4/Postal Code</div> <div></div>		
4.	<div>Manager of this /Agent/Delegate location: Manager Name</div> <div></div>		
5.	<div>Contact person designated to receive inquiries regarding this Agent/Delegate location. (This MUST be a contact person for the Foreign Transmittal Company Licensee).</div> <div></div> <div>Contact Person Name</div> <div></div> <div>e-mail address</div> <div></div> <div>Business Phone (include extension)</div> <div></div>		

EXECUTION: The undersigned, attests that he/she has executed this form on behalf of, and with the authority of, said Licensee 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 of this application, are current, true and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;
- (2) To the extent any information previously submitted is not amended, such information remains accurate and complete;

I verify that I am the named person above and that I am authorized to attest to and submit this filing on behalf of the Applicant. I solemnly swear (or affirm) under the penalty of perjury or un-sworn falsification to authorities, or similar provisions as provided by law that I have reviewed the foregoing responses, have made diligent inquiry as to their accuracy, and they are true and correct to the best of my knowledge, information and belief.

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.