



THE COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF BANKS

1000 Washington Street, 10<sup>th</sup> Floor, Boston, Massachusetts 02118

INSTRUCTIONS

**THIS SURRENDER REQUEST FORM MUST BE TYPED.**

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

<b>SURRENDER</b>	<b>FOREIGN TRANSMITTAL AGENCY AGENT/DELEGATE LOCATION FORM</b>	
<b>Legal Name of Licensee (i.e. the licensed foreign transmittal agency):</b> _____	<b>NMLS Number of Licensee (i.e. the licensed foreign transmittal agency):</b> _____	
<b>Agent/Delegate License Number:</b> _____		
1.	_____ Agent/Delegate company legal name:	
2.	_____ If applicable, DBA under which the Agent/Delegate commonly operates	
3.	_____ Physical address of Agent/Delegate (Number and Street) _____ Physical City, State/Country, Zip+4/Postal Code	
4.	_____ Manager of this /Agent/Delegate location: Manager Name	
5.	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 _____ e-mail address _____ Business Phone (include extension)	

**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.***