

New York State Department of Financial Services
Licensed Financial Services Division

Lost License Affidavit

Full legal name of the Licensee: _____

Complete address of the Licensee's headquarters: _____

Martin D. Cofsky, Deputy of Supervision
Licensed Financial Services
New York State Department of Financial Services
One State Street, New York, NY 10004-1511

Dear Deputy Cofsky:

Please be advised that the following license(s) have been lost:

License Number(s): _____

Licensed Location(s): _____

AFFIDAVIT

I, the undersigned, hereby swear (or affirm) that (i) I am an executive officer of the aforementioned Licensee; (ii) I am authorized to submit the above notification; and (iii) the information contained therein is accurate, true, correct and complete, to the best of my knowledge and belief.

Full Name Title

Signature Date

Subscribed and sworn to before me this date: _____

Full Name of Notary Public Signature of Notary Public

Notary Public Number Date Commission Expires

County State