

New York State Department of Financial Services  
Licensed Financial Services

Lost License Affidavit

Full legal name of the Licensee: \_\_\_\_\_

Complete address of the Licensee's headquarters: \_\_\_\_\_

Wendy Henry, Deputy Superintendent  
Licensed Financial Services  
NYS Department of Financial Services  
One State Street, New York, NY 10004-1511

Dear Deputy Superintendent Henry:

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