



**State of Connecticut
Department of Banking
Consumer Credit Division**
260 Constitution Plaza, Hartford, CT 06103



REQUEST FOR CHANGE OF STOCKHOLDER FORM
Check Cashing Services

Form may be used to add or delete stockholders.

Instructions:

1. Please provide **full given name, full residential address and date of birth** of officer or director, member or partner. First initials of officer or director, member or partner or P. O. Box address will not be acceptable. **If any such stockholder is a Corporation, LLC or Partnership, please provide names, residential addresses and dates of birth of the officers or directors, members or partners.**
2. If applicable, please complete **Request for Change of Officer Form.**
3. Please be advised per Section 36a-583 of the Connecticut General Statutes, licenses **shall not be transferable or assignable.**
4. Any questions, please contact Nancy Wawruck at 860-240-8221 or via e-mail at nancy.wawruck@ct.gov.

Company Name _____ **License Number(s)** _____

DBA Name (if applicable) _____

PRESENT STOCKHOLDER SET-UP			
Full Given Name	Residential Address	Date of Birth	Percent of Ownership

PROPOSED STOCKHOLDER SET-UP			
Full Given Name	Residential Address	Date of Birth	Percent of Ownership

Name of person completing this form _____ **Date:** _____

Telephone # _____ **E-mail Address** _____