



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



**REQUEST FOR CHANGE OF OFFICER FORM
 Payment Instruments, Money Transmission**

Form may be used to add or delete officers/directors, members or partners.

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.
2. A **Personal and Business History Statement** form will need to be completed for every **new** officer.
3. If applicable, please complete **Request for Change of Stockholder Form**.
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 OFFICER SET-UP			
Full Given Name	Title	Residential Address	Date of Birth

PROPOSED OFFICER SET-UP			
Full Given Name	Title	Residential Address	Date of Birth

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

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