



NEW YORK STATE DEPARTMENT OF LAW  
 INVESTOR PROTECTION BUREAU  
 28 Liberty Street, 15<sup>th</sup> Floor  
 New York, NY 10005  
 1-800-771-7755 TDD (for hearing impaired) 1-800-788-9898  
 www.ag.ny.gov

**NY FORM M-4**

\* NYS File Number/CRD Number \_\_\_\_\_

**SUPPLEMENTAL SALESPERSON STATEMENT**

The Supplemental Broker-Dealer Statement must accompany this report of new employment.  
 This form should not be used by salespersons of NASD member firms.

Salesperson Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ *Social security numbers and residential information are strictly confidential.*

**A Securities Salesperson shall, not later than 30 days after occurrence, complete this statement to report:**

1. CHANGE OR TERMINATION OF EMPLOYMENT. If dual registration, so indicate.  
 Date Terminated \_\_\_\_\_ Reason Terminated \_\_\_\_\_  
 Name (Former Employer) \_\_\_\_\_  
 Address \_\_\_\_\_  
 New Employer \_\_\_\_\_ Date Commenced \_\_\_\_\_  
 Address \_\_\_\_\_  
 Real Estate License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

2. CHANGE IN NAME OR ADDRESS.  
 To: \_\_\_\_\_ From: \_\_\_\_\_ Date: \_\_\_\_\_

3. DISCLOSURE ITEMS. Specify nature of offense, dates, circumstances and final disposition for each occasion when salesperson is convicted of any criminal offense involving securities or commodities or of any felony whatsoever, or is restricted by any court or governmental agency from engaging in any practice involving securities or commodities.  
 \_\_\_\_\_  
 \_\_\_\_\_

4. [ ] CANCEL MY SALESPERSON REGISTRATION.

NOTE: No fee required to cancel registration. However, re-employment as a salesperson of securities after cancellation will require a new registration and payment of \$150 filing fee.

**I hereby state and represent that I am the person who executed the foregoing Supplemental Salesperson Statement, that all the answers and facts contained therein are true and that I fully understand that any false statement shall constitute a violation of Article 23-A of the General Business Law.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Fee for Supplemental Salesperson Statement..... \$30.00  Payment by Attorney's check, company check, certified check, bank check or money order. Personal checks not accepted.	Make check payable to the <b>NYS Department of Law.</b>  <b>Send remittance to: Investor Protection Bureau          NYS Department of Law          28 Liberty Street, 15<sup>th</sup> Floor          New York, New York 10005</b>
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\*NYS File Number found on fee receipt for original filing