

**THE COMMONWEALTH OF MASSACHUSETTS  
SECRETARY OF THE COMMONWEALTH  
SECURITIES DIVISION  
ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108**

**DEFERRAL REQUEST FORM—BROKER DEALER**

\_\_\_\_\_ hereby amends its  
Name of Firm  
application for registration as a broker-dealer in Massachusetts and requests an extension of the  
thirty-day time period set forth in M.G.L. c.110A, Section 202(a) for action by the Massachusetts  
Securities Division with respect to the application.

The undersigned hereby certifies that he/she has the authority to amend the application  
and make this request on behalf of \_\_\_\_\_  
Name of Firm  
and do so pursuant to that authority.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date