

## APPLICATION FORM FOR RETIRING IN BELIZE

Please print and mail to: Belize Tourism Board P.O. Box 325 64 Regent Street Belize City, Belize Contact Information: Tel: +501-227-2420 Fax: +501-227-242 Toll Free: 1-800-624-0686

## Important:

- a. Please read all the instructions carefully before completing this form.
- b. All particulars must be fully stated in block letters.
- c. Incorrect or incomplete statements may result in delay or refusal of the application.

  If any error is discovered after status has been granted the applicant's status may be revoked.
- d. Applicants may use the services of a local attorney or accountant when processing the application.
- e. All payments must be made in US cash or a cashier's cheque.

PERSONAL INFORMATION								
1. Full Name:								
2. Name at birth (if different from above):								
3. Date of Birth:	Month:			Day:		Year:		
4. Place and Country of Birth:				5. Nationality:				
6. Permanent Address (inf full)								
7. Intented Address in Belize (in full)								
8. Passport Number:				9. Place of Issue:				
10. Date Issued:				11. Expiration Date:				
12. Telephone:				13. Fax:				
14. Email:								
15. Marital Status: (Check one)				16. Sex (Check one)				
Single	C	Divorced		Male		Female		
Married	C	Widowed						
17. Contact information if application is processed by an agent:								
FAMILY INFORMATION								
18. Details of dependents accompanying applicant to Belize. (Attach color copy of all passport pages)								
Name		Relationship	Da	ate of Birth	P	lace of Birth	Nationality	

OTHER PERSONAL INFORMATION								
19. Will you import any personal effects into Belize? (Check One)			20. If YES, sta	20. If YES, state the estimated value:				
Yes	○No							
21. Will you import a means of transportation into Belize? (Check One)								
○ Yes	○No							
22. If YES, state:								
Туре		M	ake					
Year		M	odel					
23. Education of Applicant (Number of Years Completed)								
PRIMARY		YEARS						
SECONDARY		YEARS						
TERTIARY		YEARS						
24. Languages Spoken (State Proficiency)								
SIGNATURES								
I certify that to the	best of my knowled	dge and belief, the particulars	given in this app	plication are correct.				
Signature of App	licant			Date				
Name in Block letters								
FOR OFFICIAL USE ONLY								
Director of Product Development:								
Date Received:								
Approved	<ul><li>Disapproved</li></ul>							
Director of Tourism:								
Date:								
Comments:								



## **Terms and Conditions**

- 1. All Qualified Retired Persons must adhere to the general procedures cited by the Customs Department for the clearing of all personal and household effects including 'Mode of Transportation'.
- 2. Qualified Retired Persons are not allowed to seek employment or work for pay while in this program or in Belize.
- 3. Qualified Retired Persons within this program must inform the Belize Tourism Board regarding any changes stated on the application form. Failure to do so may result in the revocation of applicant's status.
- 4. Qualified Retired Persons must adhere to all existing laws of Belize, in addition to the Retired Persons (Incentives) (Amendment) Act, 2001.
- 5. All benefits provided by this program will be exclusively used by the Qualified Retired Persons and his or her dependants.
- 6. The Belize Tourism Board has the authority to carry out any investigation with respect to the validity of any document provided by the applicant under this program.
- 7. Participants within this program must inform the Belize Tourism Board prior to leaving the country indefinitely so that the assets purchased under this program can be liquidated.
- 8. All documents presented to the Belize Tourism Board become the property of the Board.
- 9. The applicant must not have any criminal matters with the law at the time of application.
- 10. Applicants must present a listing with all the necessary information with regards to his or her dependants. If the applicant has a dependant over eighteen and in school, then he or she must present a proof of enrollment from that institution.
- 11. Qualified Retired Persons must submit a yearly local bank statement showing compliance with the financial requirements of the program.
- 12. Qualified Retired Persons must spend an equivalent of one month in Belize annually to maintain their status as a Retiree Resident.

SIGNATURES					
I hereby accept the above terms and conditions as they pertain to the Belize Retirement Incentives Program.					
Signature of Applicant:	Date:				
Name in Block letters:					
Signature of Witness:	Date:				
Name in Block letters:					