



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: +501-227-2423
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: <i>(if different from above)</i>			
3. Date of Birth:	<i>Month:</i>	<i>Day:</i>	<i>Year:</i>
4. Place and Country of Birth:		5. Nationality:	
6. Permanent Address: <i>(In Full)</i>			
7. Intended Address in Belize: <i>(In Full)</i>			
8. Passport Number:		9. Place of Issue:	
10. Date Issued:		11. Expiration Date:	
12. Telephone:		13. Fax:	
14. Email:			
15. Marital Status: (Circle One)		16. Sex: (Circle One)	
Single	Divorced	Male	Female
Married	Widowed		
17. Contact information if application is processed by an agent:			

FAMILY INFORMATION

18. Details of dependents accompanying applicant to Belize. <i>(Attach color copy of all passport pages)</i>				
Name	Relationship	Date of Birth	Place of Birth	Nationality

OTHER PERSONAL INFORMATION

19. Will you import any personal effects into Belize? (Circle One)

Yes No

20. If YES, state the estimated value:

21. Will you import a means of transportation into Belize? (Circle One)

Yes No

22. If YES, state:

TYPE _____ MAKE _____

YEAR _____ MODEL _____

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 knowledge and belief, the particulars given in this application are correct.

Signature of Applicant:

Date:

Name in Block Letters:

FOR OFFICIAL USE ONLY

Director of Product Development: _____

Date Received: _____

Approved Disapproved

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:	