



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	
Married	Widowed	Female	
17. Contact information if application is processed by an agent:			

FAMILY INFORMATION

18. Details of dependents accompanying applicant to Belize. (Attach copy of all passport pages)

Name	Relationship	Date of Birth	Place of Birth	Nationality

APPLICATION FORM FOR RETIRING IN BELIZE (CONTINUED)

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: _____

