



APPLICATION FORM FOR RETIRING IN BELIZE!

\_\_\_\_\_  
(CITY) (COUNTRY)

\_\_\_\_\_  
(ZIP CODE)/(COUNTRY CODE)

7. INTENDED ADDRESS IN BELIZE \_\_\_\_\_

8. PASSPORT NUMBER \_\_\_\_\_ PLACE OF ISSUE \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_

9. PHONE # \_\_\_\_\_ 10. FAX # \_\_\_\_\_

11. E-MAIL ADDRESS \_\_\_\_\_

12. MARITAL STATUS: (i) SINGLE % (ii) MARRIED %

13. SEX: (i) MALE % (ii) FEMALE %

14. CONTACT INFORMATION OF AGENT IF APPLICATIONS IS PROCESSED BY ONE: \_\_\_\_\_

**FAMILY INFORMATION**

14. DETAILS OF DEPENDENTS ACCOMPANYING APPLICANT TO BELIZE.  
(ATTACH COPY OF ALL PASSPORT PAGES)

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	PLACE OF BIRTH	NATIONALITY

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**OTHER PERSONAL INFORMATION**

15. WILL YOU OR YOUR DEPENDENTS MPORT ANY PERSONAL EFFECTS INTO BELIZE?

YES  NO

16. IF YES, STATE THE ESTIMATED VALUE \_\_\_\_\_

17. WILL YOU OR YOUR DEPENDENTS IMPORT A MEANS OF TRANSPORTATION INTO BELIZE?

YES  NO

18. IF YES, STATE

TYPE \_\_\_\_\_

YEAR \_\_\_\_\_

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

19. EDUCATION OF APPLICANT *(NUMBER OF YEARS COMPLETED)*

PRIMARY \_\_\_\_\_ YEARS \_\_\_\_\_

SECONDARY \_\_\_\_\_ YEARS \_\_\_\_\_

SECONDARY \_\_\_\_\_ YEARS \_\_\_\_\_

TERTIARY \_\_\_\_\_ YEARS \_\_\_\_\_

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20. LANGUAGES SPOKEN (*STATE PROFICIENCY*)

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I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE PARTICULARS GIVEN IN THIS APPLICATION ARE CORRECT.

SIGNATURE: \_\_\_\_\_

DAY  MONTH  YEAR