BELIZE:

RETIRED PERSONS (INCENTIVES) (DESIGNATION OF OFFICE AND APPLICATION PROCEDURE)REGULATIONS, 2018

ARRANGEMENT OF REGULATIONS

Part I

Preliminary

1. Citation.

2. Interpretation.

PART II

Administration

3. Designation of office.

PART III

Application for designation as a Qualified Retired Person

4. Application procedure.

5. Accompanying documents.

6. Additional accompanying documents.

7. Authentication of documents.
PART IV

Grant and issue of the designation as a Qualified Retired Person

8. Grant of the designation as a Qualified Retired Person.

9. Fee for the designation as a Qualified Retired Person.

10. Duration of the designation as a Qualified Retired Person.

PART V

Miscellaneous

11. Cancellation of the designation as Qualified Retired Person for dependents.

12. Suspension of the designation as a Qualified Retired Person.

13. Amendment of Schedules.
BELIZE:

STATUTORY INSTRUMENT

No. 90 of 2018

REGULATIONS made by the Minister responsible for tourism in exercise of the powers conferred upon him by section 7 (a) and (h) of the Retired Persons (Incentives) Act, Chapter 62 of the Substantive Laws of Belize, Revised Edition 2011, and all other powers thereunto him enabling.

(Gazetted 8th December, 2018.)

PART I

Preliminary

1. These Regulations may be cited as the RETIRED PERSONS (INCENTIVES) (DESIGNATION OF OFFICE AND APPLICATION PROCEDURE) REGULATIONS, 2018.

2. In these Regulations,

   “annuity provider” means any source outside of Belize, whether a government or private company, that provides an annuity;

   “Belize Tourism Board” means the Board established in accordance with section 3 of the Belize Tourism Board Act;
"Registrar" means the Registrar of Hotels and Tourist Accommodation appointed in accordance with section 3 of the Hotels and Tourist Accommodation Act.

PART II

Administration

3. The Minister designates the Belize Tourism Board as the office responsible for the administration of the Retired Persons (Incentives) Act and for the purpose of reviewing and approving the grant of all applications for the designation as a Qualified Retired Person.

PART III

Application for designation as a Qualified Retired Person

4. (1) An application for designation as a Qualified Retired Person shall be submitted to the Registrar using the form set out in Schedule 1.

(2) An application for designation as a Qualified Retired Person shall be accompanied by the relevant application fee prescribed in Schedule 2.

5. An application for designation as a Qualified Retired Person shall be accompanied by the following documents,

(a) letter from the annuity provider certifying that,

(i) the applicant for designation as a Qualified Retired Person receives an
PART IV

Grant and issue of the designation as a Qualified Retired Person

8. (1) The Registrar shall approve the grant of the designation as a Qualified Retired Person if an applicant satisfies the requirements under section 3 of the Act.

(2) On the approval by the Registrar, the Belize Tourism Board shall grant and issue the designation as a Qualified Retired Person to the applicant and the dependents of the applicant, in the form set out in Schedule 3.

9. An applicant granted and issued the designation as a Qualified Retired Person shall pay the relevant fees listed in Schedule 4.

10. The designation as a Qualified Retired Person shall be valid for one year.

PART V

Miscellaneous

11. The Belize Tourism Board shall cancel the designation as a Qualified Retired Person in relation to a dependent if,

(a) the dependent becomes a citizen of Belize;

(b) the dependent becomes a permanent resident of Belize; or

(c) the dependent, who is a child of the person designated as a Qualified Retired Person, attains the age of eighteen years.
(2) Notwithstanding sub-section (1)(c), the designation in relation a dependent child shall not be cancelled if, even after attaining the age of eighteen years old, that child is unable to maintain himself by reason of illness or disability, as determined by a medical practitioner.

12. The Belize Tourism Board may suspend the designation as a Qualified Retired Person if the designated person fails to comply with the requirements of the Act.

13. The Belize Tourism Board may from time to time, by Order published in the Gazette, amend the Schedules.
SCHEDULE 1
(Regulation 4(1))
Qualified Retired Persons Application Form

PART A – APPLICANT'S INFORMATION

Application Type: New / Renewal

Complete Below if Renewal

QRP ID:

Year of Last Renewal: ____________

Years in QRP Program:

*Required at Renewal

*1. PERSONAL INFORMATION

A) Applicant's Name: FIRST NAME LAST NAME MIDDLE NAME

B) Gender: Male/Female Age: ________

C) Date of Birth: ____________ Place of Birth: ____________

D) Passport Number: ____________ Expiration Date: ____________

E) Place of Issue: ____________ Nationality: ____________

F) Marital Status: ____________

*2. CONTACT INFORMATION

A) Local/Intended Address: ____________ District:

B) Overseas Address: ____________ Country: ____________

C) Local Phone: ____________ Local Cell Phone: ____________

D) International Phone: ____________ Email Address: ____________
3. **EDUCATIONAL INFORMATION**

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<tr>
<td>Tertiary Education</td>
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<tr>
<td>Other:</td>
<td></td>
</tr>
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</table>

B) Primary Language: ____________________ Secondary Language: ____________________

**4. FINANCIAL INFORMATION**

A) Foreign Source of Pension/Annuity: ____________________

B) Local Financial Institution of Deposit: ____________________

5. **AGENT INFORMATION**

A) Name of Agent/Company: ____________________

B) Phone Number: __________ Email: __________

**6. DEPENDENT INFORMATION (if applicable)**

A) Number of Dependents Applying: __________

   Adult: __________ Children (18 or Under): __________

7. **REQUIREMENT CHECKLIST**

<table>
<thead>
<tr>
<th>Y- Mandatory</th>
<th>A-Mandatory if Applicable</th>
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<td>Requirements for Applicant</td>
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<td>Signed and Dated</td>
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<td>Y</td>
<td>Birth Certificate</td>
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<td>A</td>
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<td>Passport Pages</td>
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<td>Y</td>
<td>Proof of Pension/Annuity</td>
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<td>Y</td>
<td>Bank Statement certifying Pension/Annuity</td>
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<tr>
<td>Y</td>
<td>Written Undertaking of Deposit to Financial Institution in Belize</td>
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<td>Y</td>
<td>Copy of Bank Statement</td>
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<td>Y</td>
<td>Original Medical Certificate</td>
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<td>Two (2) 2&quot;x2&quot; Frontal</td>
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<tr>
<td>Y Y</td>
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* Photo Specification
1. White background photo must be in focus, with no red-eye and no reflected light on the face.
2. The head must be straight position with face directly into the camera.
3. A neutral facial expression must be maintained (no smiling or frowning)
4. The visibility of the eyes is important.
5. No glasses, no shades.

NEW APPLICATION ONLY
Upon final approval of application, you will be contacted by BTB to make your final payment and submission of requested list of duty exemption items to be imported. The complete list of import items must first be approved by the BTB and Customs and Excise Department before sending.

1. QRP Applicant Member Fee - USD$1000.00  
2. QRP Applicant Card Fee - USD$200.00  
**TOTAL for Designation** - USD$1200.00

8. TERMS AND CONDITIONS

A) Qualified Retired Persons must obtain approval and adhere to the procedures cited by the Customs and Excise Department for the importation of all personal and household effects, and approved means of transportation.

B) Qualified Retired Persons shall not be engaged in gainful employment or have an investment that generates income in Belize.

C) Qualified Retired Persons must inform the Belize Tourism Board of any changes stated on the application form, as soon as such changes occur. Failure to do so may result in revocation of an applicant's status.

D) Qualified Retired Persons must adhere to all existing Laws of Belize.

E) All benefits provided by this program apply exclusively to the Qualified Retired Persons and his or her approved dependents.

F) The Belize Tourism Board has the authority to carry out any investigation with respect to the validity of any documents provided by the applicant under this program.

G) Participants within this program must inform the Belize Tourism Board prior to leaving country indefinitely so that the assets purchased on this program can be liquidated.

H) All documents presented to the Belize Tourism Board becomes the property of the Board.

I) The Applicant shall not have pending criminal matters in any jurisdiction at the time of application.

J) Qualified Retired Persons must submit a yearly local financial statement showing compliance with the financial requirements of the program.

K) Qualified Retired Persons must spend an equivalent of thirty (30) consecutive days in Belize annually to maintain their status as a Qualified Retired Person.

L) A Belizean is not allowed to become a member of the Qualified Retirement Program.

M) Any fees collected during this application process are non-refundable.
9. DECLARATION

I declare that all information provided in this application is true, accurate and complete to the best of my knowledge. I have not withheld any information and understand any falsification is illegal and will disqualify my application. I agree with all the terms and conditions as pertain to the Belize Retirement Incentives (QRP) Program.

i. Applicant's Name (Print): ________________________________

ii. Applicant's Signature: ________________________________

iii. Date: ________________________________

FOR OFFICIAL USE ONLY

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<th>✔ For Official Use Only</th>
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<th>Print Name</th>
<th>Signature</th>
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Application Fee Paid: Date Paid: Receipt No.:

Member Fee Paid: Date Paid: Receipt No.:

QRP Dependent Member Date:

QRP ID #: Valid Year: Control ID#: 

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PART B – DEPENDENT’S INFORMATION
(if applicable)

Application Type: Complete Below if Renewal
New / Renewal

QRP ID: ______________________
Year of Last Renewal: __________
Years in QRP Program: __________

*Required at Renewal

*1. PERSONAL INFORMATION
A) Dependent’s Name: FIRST NAME LAST NAME MIDDLE NAME
B) Gender: Male/Female Age: _______
C) Date of Birth: __________ Place of Birth: ______________
D) Passport Number: __________ Expiration Date: __________
E) Place of Issue: __________ Nationality: __________
F) Name of Member applying under: __________ Relationship: __________

*2. CONTACT INFORMATION
A) Local/Intended Address: __________ District: __________
B) Overseas Address: __________ Country: __________
C) Local Phone: __________ Local Cell Phone: __________
D) International Phone: __________ Email Address: __________

3. EDUCATIONAL INFORMATION
A) 

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**B) Primary Language:** ___________________ **Secondary Language:** ___________________

**4. REQUIRMENT CHECKLIST**

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<td>Y</td>
<td>Birth Certificate</td>
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<td>Y</td>
<td>Original Police Record</td>
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<td>Official police record or certificate from last place of residency (not older than 6 months)</td>
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<td>Y A</td>
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<td>Copies of complete valid notarized/certified passport including all blank pages.</td>
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<td>Bio data, passport number, and page numbers must be clearly visible (required at renewal if passport is new)</td>
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<tr>
<td>Y</td>
<td>Original Medical Certificate</td>
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<td>Certificate or report of complete medical examination including HIV test (not older than 3 months)</td>
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<td>Recent notarized/certified photographs per Belize Immigration specs</td>
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<td>Application Fee</td>
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<td>First time application fee of One Hundred and Fifty United States Dollars (USD $150.00) or Renewal Fee of Twenty Five United States Dollars (BZD $25.00)</td>
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1. QRP Dependent Member Fee - US$750.00
2. QRP Dependent Card Fee - US$200.00
**TOTAL for Designation** - US$950.00

5. **TERMS AND CONDITIONS**
A) Qualified Retired Persons must obtain approval and adhere to the procedures cited by the Customs and Excise Department for the importation of all personal and household effects, and approved means of transportation.

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i. Dependent’s Name (Print):

ii. Dependent’s Signature:

iii. Date:

FOR OFFICIAL USE ONLY

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Member Fee Paid: Date Paid: Receipt No.:

QRP Dependent Member Date:

QRP ID #: Valid Year: Control ID#: 
SCHEDULE 2
(Regulation 4(2))

APPLICATION FEES

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SCHEDULE 3

(Regulation 8(2))

DESIGNATION AS A QUALIFIED RETIRED PERSON

(Government of Belize)

QUALIFIED RETIRED PERSON

Surname
Given Names
Date of Birth
Sex
Nationality
Date of Entry
Permit Number
Date of Expiry
QRP Status
QRP Retiree Ref

Permit No.

Director of Prio.
Director of Immig.

Machine Readable Zone
SCHEDULE 4

(Regulation 9)

FEE FOR THE DESIGNATION AS A QUALIFIED RETIRED PERSON

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<td>US$1200.00</td>
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<tr>
<td>Fee for Dependents of a Designated Qualified Retired Person</td>
<td>US$950.00</td>
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MADE by the Minister responsible for tourism this 7th day of December, 2018.

Hon. Manual Heredia Jr
Minister of Tourism and Civil Aviation
(Minister responsible for tourism)