



P.O. BOX 325, 64 Regent Street, Belize City, Belize, C.A.

# QUALIFIED RETIRED PERSON Member Application Form

Application Type:

Complete Below if Renew

● **Required at Renewal**

QRP ID:

Year of Last Renewal:

Years in QRP Program:

● **1. PERSONAL INFORMATION**

A) Applicant's Name:

B) Gender:  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 Cellphone:

D) International Phone:  Email Address:

**3. EDUCATIONAL INFORMATION**

A) <input type="checkbox"/> Primary Education	Year of Completion:	<input type="text" value="YYYY"/>
<input type="checkbox"/> Secondary Education	Year of Completion:	<input type="text" value="YYYY"/>
<input type="checkbox"/> Tertiary Education	Year of Completion:	<input type="text" value="YYYY"/>
<input type="checkbox"/> Other:	Year of Completion:	<input type="text" value="YYYY"/>

B) Primary Language:  Secondary Language:

**4. FINANCIAL INFORMATION**

A) Foreign Source of Pension/Annuity:

● B) Local Financial Institution of Deposit:

• **5. AGENT INFORMATION (if applicable)**

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**

**Y** - Mandatory

**A** - Mandatory if Applicable

✓	New	Renew	Requirements for Applicant
<input type="checkbox"/>	Y	Y	<b>Application Form</b> Completed, signed and dated.
<input type="checkbox"/>	Y		<b>Birth Certificate</b> Notarized or certified copy.
<input type="checkbox"/>	A		<b>Marriage Certificate</b> Notarized or certified copy.
<input type="checkbox"/>	Y		<b>Police Record</b> Original police record or certificate from last place of residency (not older than 6 months).
<input type="checkbox"/>	Y	Y	<b>Passport Pages</b> Notarized or certified copies of complete passport ( valid six or more months from submission date) including all blank pages. Bio data, passport number, and page numbers must be visible (only bio page at renewal).
<input type="checkbox"/>	Y		<b>Proof of Pension/Annuity</b> Certificate or document showing applicant as the recipient of pension or annuity amounting to a minimum of Two Thousand Dollars (\$2,000) monthly or Twenty-Four Thousand Dollars (\$24,000) annually in an approved currency viz., US Dollar, Pound sterling, The Euro, Canadian Dollars.
<input type="checkbox"/>	Y		<b>Bank Statement certifying Pension/Annuity</b> Original or certified copy of international financial statement from financial institution (bank, credit union, or building society) exhibiting the deposit of the sum stated in (6) above.
<input type="checkbox"/>	Y		<b>Written Undertaking of Deposit to Financial Institution in Belize</b> Signed undertaking letter stating the deposit of the required funds into a local domestic financial institution (draft copy provided by the BTB).
<input type="checkbox"/>		Y	<b>Bank Statement</b> Original or certified copy of annual statement from local domestic licensed financial institution.
<input type="checkbox"/>	Y		<b>Medical Certificate</b> Original Certificate or report of complete medical examination including HIV test (not older than 3 months).
<input type="checkbox"/>	Y	Y	<b>Two (2) 2"x2" Frontal Photos</b> 1 recent notarized or certified photograph and one unnotarized or uncertified photograph of the same image as per Belize Immigration specifications*.
<input type="checkbox"/>	Y	Y	<b>Application Fee</b> Application fee of One Hundred and Fifty United States Dollars (USD \$150) or Renewal Fee (annually) of Fifty Belize Dollars (BZD \$50)

**\* 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 a 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. Preferable 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 \$1,000
2. QRP Applicant Card Fee – USD \$200

## 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 become the property of the Board.
- I) The applicant shall not have pending criminal matters in any jurisdiction at the time of application.
- J) A QRP must open a local bank account and deposit pension or annuity of Two Thousand (\$2,000) per month or Twenty- Four Thousand (\$24,000) annually in the accepted currency (United States, European or Canadian Dollars).
- K) Qualified Retired Persons must submit a yearly local bank statement showing compliance with the financial requirements of the program.
- L) Qualified Retired Persons must spend an equivalent of thirty (30) consecutive days in Belize annually to maintain their status as a Qualified Retired Person.
- M) A Belizean is not allowed to become a member of the Qualified Retirement Program.
- N) A QRP is not allowed to vote or participate in Village Council, Municipal or General Elections in Belize.
- O) Any fees collected during the 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**

<input checked="" type="checkbox"/> For Official Use Only	Date DD/MM/YY	Print Name/Signature	Comments   Actions
<input type="checkbox"/> Form received by BTB			
<input type="checkbox"/> Licensing Officer Check			
<input type="checkbox"/> Licensing Manager Recommendation			
<input type="checkbox"/> Registrar Approval			
<input type="checkbox"/> Immigration Approval			
<input type="checkbox"/> Database Update			
<input type="checkbox"/> Decision Feedback			

Application Fee Paid: QRP  Date Paid:  Receipt No.:

Member Fee Paid:  Date Paid:  Receipt No.:

Applicant QRP Member Date:

QRP ID #:  Valid Year:  Control ID #: