



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

# QUALIFIED RETIRED PERSON Dependent Application Form

Application Type:

Complete Below if Renew

• Required for each Dependent at Renewal

QRP ID:

Year of Last Renewal:

Years in QRP Program:

## 1. PERSONAL INFORMATION

A) Dependent's Name:

B) Gender:  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 to Member:

## 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. REQUIREMENT CHECKLIST**

**Y** - Mandatory

**A** - Mandatory if Applicable

✓	New	Renew	Requirements for Applicant
<input type="checkbox"/>	Y	Y	<b>Completed Application Form</b> Signed and Dated
<input type="checkbox"/>	Y		<b>Birth Certificate</b>
<input type="checkbox"/>	Y		<b>Original Police Record</b> Official police record or certificate from last place of residency (not older than 6 months)
<input type="checkbox"/>	Y	A	<b>Passport Pages</b> Copies of complete valid notarized/certified passport including all blank pages. Bio data, passport number, and page numbers must be clearly visible (required at renewal if passport is new)
<input type="checkbox"/>	Y		<b>Original Medical Certificate</b> 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> Recent notarized/certified photographs per Belize Immigration specs * See more specifications below
<input type="checkbox"/>	Y	Y	<b>Application Fee</b> First time application fee of One Hundred and Fifty United States Dollars (USD \$150) or Renewal Fee 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 Dependent Member Fee – USD \$750
2. QRP Dependent Card Fee – USD \$200

## 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.
- 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) Qualified Retired Persons must submit a yearly local bank 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 the application process are non-refundable.

**6. 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. Dependent's Name (Print)

ii. Dependent's Signature

(Member to sign if dependent is a minor)

\_\_\_\_\_

iii: Date

**FOR OFFICIAL USE ONLY**

<input checked="" type="checkbox"/> For Official Use Only	Date <small>DD/MM/YY</small>	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:  Date Paid:  Receipt No.:

Member Fee Paid:  Date Paid:  Receipt No.:

QRP Dependent Member Date:

QRP ID #:  Valid Year:  Control ID #: