
BELIZEAN DIASPORA RETURNEE INCENTIVE PROGRAM



MINISTRY OF TOURISM AND DIASPORA RELATIONS

1234 Corner Cockburn & Regent Street
Belize City, Belize
Tel: 227-9581
E-mail: diaspora.relations@tourism.gov.bz

RETURNEE GUIDLINES



MINISTRY OF TOURISM AND DIASPORA RELATIONS

APPLICATION FORM FOR DIASPORA RETURNEE INCENTIVE PROGRAM

Please mail application to the below address:

Ministry of Tourism and Diaspora Relations
1234 Corner Cockburn & Regent Street
Belize City
Belize, CA

or scan and send to email address: diaspora.relations@tourism.gov.bz

Contact Information: Tel: 501- 227-9581

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.

PERSONAL INFORMATION

1. Full Name			
2. Name at Birth: (If Different from Above)			
3. Date of Birth:	Month:	Day:	Year:
4. Place and Country of Birth:		5. Nationality:	
6. Permanent Address:(in full)			
7. Intended Address in Belize: (in full)			
8. Passport Number:		9. Place of Issue:	
10. Date Issued:		11. Expiration Date:	
12. Telephone:		13. Fax:	
14. Email:			

15. Marital Status: Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/>	16. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
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17. Contact Information if applicant is processed by an agent:

ADDRESSES FOR THE PAST 10YEARS- (Must provide supporting documents)

18. Details of Addresses for the past ten (10) years (prior to return to Belize). Attached copy of Proof of Address for EACH address.

Address	City/State	From	To

OTHER PERSONAL INFORMATION

19. Will you import any personal effects into Belize? Yes <input type="checkbox"/> NO <input type="checkbox"/>	20. If YES, state the estimated value:
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1. Will you import a means of transportation into Belize? YES NO

2. If YES, State: **Type:** _____ **Year:** _____
Make: _____ **Model:** _____

3. Education of Applicant (Number of Years Completed) PRIMARY _____ YEARS _____

Secondary _____ YEARS _____ TERTIARY _____ YEARS _____

4. Will you be importing Tools of Trade into Belize? YES NO

Type of Trade: _____ (Attach copy of Proof of trade)

SIGNATURES

I certify that to the best of my knowledge and belief, the particulars given in this application are correct.

Signature of Applicant: _____

Name in Block Letters: _____

Date: _____

TERMS AND CONDITIONS

1. All qualified Diaspora Returnees must adhere to the general procedures cited by the Customers Department for the clearing of all personal and household effects including "Mode of Transpiration".
2. Qualified Diaspora Returnees within this program must inform the Ministry of Tourism and Diaspora Relations regarding any changes stated on the application form. Failure to do so may result in the revocation of applicant's status.
3. All benefits provided by this program will be exclusively used by the Qualified Diaspora Returnees.
4. The Ministry of Tourism and Diaspora Relations has the authority to carry out any investigation with respect to the validity of any document provided by the applicant under the program.
5. All documents presented to the Ministry of Tourism and Diaspora Relations become the property of the Ministry.

SIGNATURES

I hereby accept the above terms and conditions as they pertain to the Diaspora Returnee Incentive Program.

Signature of Applicant:

Date:

Name in block Letters:

Signature of Witness:

Date:

Name in Block Letters:

FOR OFFICIAL USE ONLY

Diaspora Focal Point: _____

Date Received: _____

Approved Disapproved

Chief Executive Officer, Ministry of Tourism & Diaspora Relations: _____

Date Received: _____ **Date Approved:** _____

Comments: _____

Approved Disapproved

Ministry of Finance: _____

Date Received: _____ **Date Approved:** _____

Date Certificate (Letter) of Approved issued: _____