



CENTRAL BANK
of **BELIZE**

NOTICE FOR PORTFOLIO & CAPITAL INVESTMENTS
Exchange Control Regulation No. 11

An application for foreign exchange outflows must be submitted using an XCH1 form.

Agent Name:	Email Address:	Telephone No.:
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T R A N S A C T I O N D E S C R I P T I O N	
<input type="checkbox"/>	Issuing a security or shares in a company registered in Belize - Regulation 8(1)
<input type="checkbox"/>	Subscribing to the memorandum of association upon formation of a company to be registered under the Companies Act - Regulation 8(2)
<input type="checkbox"/>	Transferring a security or shares from a non-resident to a resident of Belize (vice versa) - Regulation 9(1) and (2)
<input type="checkbox"/>	Transferring a coupon in Belize to a non-resident (vice versa) - Regulation 9(3)
<input type="checkbox"/>	Issuing or creating a bearer certificate or coupon in Belize- Regulation 10
<input type="checkbox"/>	Converting a security registered or transferable in Belize into one that is registered outside of Belize- Regulation 11
<input type="checkbox"/>	Pledging a security registered in Belize - Regulation 12
<input type="checkbox"/>	Adding provisions to nominee holdings - Regulation 14
<input type="checkbox"/>	Conducting any act related to the transfer of rights and power for a security - Regulation 15

S E C U R I T I E S D E T A I L S	
Name of Resident Company Being Subscribed to:	
Nature of Business	
Number of Shares Acquired or Transferred	
Total Number of Shares	
Total Value of Shares	

T R A N S F E R O R D E T A I L S		
Individual/Enterprise Name:	1.	
	2.	
Passport or Social Security No.:	Expiration Date:	Country of Issue:
1.	1.	1.
2.	2.	2.
Current Address:	1.	Type of Enterprise:
	2.	<input type="checkbox"/> Local Company Incorporation
		<input type="checkbox"/> Overseas Company
		<input type="checkbox"/> Limited Liability Partnership
		<input type="checkbox"/> Foreign Company

*If transferor above is an enterprise, enter details for all individuals who own more than 10%.
Copy of passport or Social Security Card must be attached.*

U L T I M A T E B E N E F I C A L O W N E R D E T A I L S		
Individual Name:	Nationality:	
1.	1.	
2.	2.	
Passport or Social Security No.	Expiration Date	Allotted Share Capital of the Enterprise
1.	1.	1.
2.	2.	2.
Current Address:	1.	
	2.	

T R A N S F E R E E D E T A I L S

Individual/Enterprise Name:	1.	
	2.	
Passport or Social Security No.	Expiration Date	Country of Issue
1.	1.	1.
2.	2.	2.
Current Address:	1.	Type of Enterprise: <input type="checkbox"/> Local Company Incorporation <input type="checkbox"/> Overseas Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Foreign Company
	2.	

If transferee above is an enterprise, enter details for all individuals who own more than 10%. Copy of passport or Social Security Card must be attached.

U L T I M A T E B E N E F I C A L O W N E R D E T A I L S

Individual Name	Nationality	
1.	1.	
2.	2.	
Passport or Social Security No.	Expiration Date	Allotted Share Capital of the Enterprise
1.	1.	1.
2.	2.	2.
Current Address:	1.	
	2.	

For the subscription to the memorandum of association upon formation of a company to be registered under the Companies Act.

P R O P O S E D C O M P A N Y D E T A I L S

Company Name	
Country of Registration	
Nature of Business:	
Share Capital of the Company	
Total Number of Shares	
Total Value of Shares	

For enterprise above, enter details for all individuals who own more than 10%.

U L T I M A T E B E N E F I C A L O W N E R D E T A I L S

Individual Name:	Nationality:	
1.	1.	
2.	2.	
Passport or Social Security No.	Expiration Date:	Allotted Share Capital of the Enterprise:
1.	1.	1.
2.	2.	2.
Current Address:	1.	
	2.	

DECLARATION BY APPLICANT

I declare that:-

The information given is true and correct. I understand that failure to comply with or contravention of the provisions of the Exchange Control Regulations, 1976, renders me liable on conviction to a fine or imprisonment or to both. I acknowledge that if there is any alteration to the information furnished herein, notice of such alteration must be given to the Central Bank of Belize.

APPLICANT'S SIGNATURE