



**MINISTRY OF FOREIGN AFFAIRS**

**APPLICATION FORM FOR DIASPORA RETURNEE INCENTIVE PROGRAM**

**Please mail application to the below address:**

Embassy of Belize  
 2535 Massachusetts Ave  
 NW Washington DC 20008

**or scan and send to email address:** diaspora.usa@mfa.gov.bz

**Contact Information:** Tel: 202-332-9636

**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: <b>(if different from above)</b>			
3. Date of Birth:	Month:	Day:	Year:
4. Place and Country of Birth:		5. Nationality:	
6. Permanent Address: <b>(in full)</b>			
7. Intended Address in Belize: <b>(in full)</b>			
8. Passport Number:		9. Place of Issue:	
10. Date Issued:		11. Expiration Date:	
12. Telephone:		13. Fax:	
14. Email:			
15. Marital Status: <b>(Circle One)</b> Single      Divorced Married    Widowed		16. Sex: <b>(Circle One)</b> Male      Female	
17. Contact information if applicant is processed by an agent:			
ADDRESSES FOR THE PAST 10 YEARS - (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? (Circle One)	20. If YES, state the estimated value;
YES                      NO	
1. Will you import a means of transportation into Belize? (Circle One)    YES            NO	
2. If YES, state: <b>Type:</b> _____ <b>Year:</b> _____ <b>Make:</b> _____ <b>Model:</b> _____	
3. Education of Applicant (Number of Years Completed ) PRIMARY _____ YEARS _____ SECONDARY _____ YEARS _____    TERTIARY _____ YEARS _____	
4. Will you be importing Tools of Trade into Belize? (Circle One)    YES            NO <b>Type of Trade:</b> _____ <b>Proof:</b> _____	

**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:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**Diaspora Focal Point:** \_\_\_\_\_  
**Date Received:** \_\_\_\_\_  
Approved                      Disapproved  
**Chief Executive Officer, Ministry of Foreign Affairs:** \_\_\_\_\_  
**Date Received:** \_\_\_\_\_    **Date Approved:** \_\_\_\_\_  
**Comments:** \_\_\_\_\_

Approved                      Disapproved  
**Ministry of Finance:** \_\_\_\_\_  
**Date Received:** \_\_\_\_\_    **Date Approved:** \_\_\_\_\_  
**Date Certificate (Letter) of Approved issued:** \_\_\_\_\_