



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

Agent Information

Insert the Name, Email Address & Telephone No. of the agent submitting the application.

Agent Name:	Email Address:	Telephone No.:
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An application for foreign exchange outflows must be submitted using an XCHI form.

Transaction Description

Select the appropriate transaction type from the list provided

TRANSACTION DESCRIPTION	
<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

Information for New and Existing Companies

- Name of Company in which shares are being acquired
- Type of business formation
- Amount of shares being acquired/transferred in the company
- Share capital of the company
- The cost of each share

SECURITIES DETAILS	
Name of Resident Company Being Subscribed to:	
Nature of Business	
Number of Shares Acquired or Transferred	
Total Number of Shares	
Total Value of Shares	

Transferor's Information

Name of individuals/entity who is transferring the shares  
\*\*Note: if the shares are being transferred from the company/itself, this section does not apply.

Passport/social security information as stated on original  
\*\*Note: A certified/notarized copy of the Biometric page must be submitted along with application form.

TRANSFEROR DETAILS	
Individual/Enterprise Name:	
Passport or Social Security No.:	Country of Issue:
1. 1.	1.
2. 2.	2.
Current Address:	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

Current address/permanent address for each transferor

If the transferee is an enterprise, select the type of enterprise  
\*\*If the shares are being transferred from the company/itself, this section does not apply.

If transferor above is an enterprise, enter details for all individuals who own more than 10%.

Transferor UBO's Information

Name of each individual/company who owns/controls more than 10% of the company listed as the transferor

Nationality for each individual

Passport/social security information as stated on original  
\*\*Note: A certified/notarized copy of the Biometric page must be submitted along with application form.

Amount of shares held by each individual/company

Current/permanent address for each individual

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

**Transferee's Information**

Passport/social security information as stated on original  
 \*\*Note: A certified/notarized copy of the Biometric page must be submitted along with application form.

Current address/permanent address for each transferee

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

Name of individuals/entity who is acquiring shares in the company

If the transferee is a entity, select the type of enterprise

If transferee above is an enterprise, enter details for all individuals who own more than 10%.

**Transferee UBO's information**

Name of each individual/company who owns/controls more than 10% of the company listed as the transferor

Passport/social security information as stated on original  
 \*\*Note: A certified/notarized copy of the Biometric page must be submitted along with application form.

U L T I M A T E B E N E F I C I 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.	Allotted Share Capital of the Enterprise
1. _____	1. _____
2. _____	2. _____
Expiration Date:	Current Address:
1. _____	1. _____
2. _____	2. _____

Nationality for each individual

Amount of shares held by each individual/company

Current/permanent address for each individual

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

**Information for New Companies only**

P R O P O S E D C O M P A N Y D E T A I L S	
Company Name	Name of proposed Company
Country of Registration	Type of business formation
Nature of Business:	Amount of shares being acquired/transferred in the company
Share Capital of the Company	Share capital of the company
Total Number of Shares	The cost of each share
Total Value of Shares	

Name of proposed Company

Type of business formation

Amount of shares being acquired/transferred in the company

Share capital of the company

The cost of each share

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

**UBO's Information for Existing Company**

Name of each individual/company who owns/controls more than 10% of the company listed as the transferor

Passport/social security information as stated on original  
 \*\*Note: A certified/notarized copy of the Biometric page must be submitted along with application form.

U L T I M A T E B E N E F I C I 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.	Allotted Share Capital of the Enterprise:
1. _____	1. _____
2. _____	2. _____
Expiration Date:	Current Address:
1. _____	1. _____
2. _____	2. _____

Nationality for each individual

Amount of shares held by each individual/company

Current/permanent address for each individual

**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

The Central Bank of Belize reserves the right to request any additional information as deemed necessary.