



CENTRAL BANK
of **BELIZE**

Personal Biographical Report

Regulation 3(3)

**PERSONAL BIOGRAPHICAL REPORT
UNDER THE MONEYLENDERS ACT, CAP. 260**

Instructions:

This Personal Biographical Report is to be completed by each owner, beneficial owner, director, officer, manager and any other person who is or will be involved in the management or operation of the person/business which is or applying to be licensed under the Moneylenders Act.

- For the purpose of this Report, copies of supporting documents submitted must be notarized in accordance with the Notaries Public Act, Cap. 129 of the Substantive Laws of Belize.

1. **Section I – General Information** Completed by: (Please tick the appropriate box indicating the proposed position to be held)

<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Manager	<input type="checkbox"/> Other Please specify:
<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Officer	<input type="checkbox"/> Associate	

2. Last Name	First Name	Middle Initial

3. Any other name(s) by which you are known or have previously been known	

Applicant's Initials _____

NOTE: Please respond to all questions and initial each page. No item must be left unanswered. Where a response is not applicable, kindly insert "N/A". The application process cannot be finalized until the form is properly completed and all relevant documents have been submitted and accepted by the Central Bank.

4. Name of Spouse	Any other name(s) by which he/she is known or has/have previously been known

5. Current Address:	
HOME	BUSINESS

6. Previous home addresses during your professional lifetime: <i>(state relevant dates)</i>	
1.	2.
3.	4.

7. DATE OF BIRTH		
Day	Month	Year

8. PLACE OF BIRTH: (include town, city and country)

9. NATIONALITY (including dual nationality):

10. Provide notarized copies of passport (s):		
(a) Passport Number:	Date of Issue:	Expiry Date:

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11. How was your Belizean nationality acquired? (Please tick the appropriate box)	
<input type="checkbox"/>	BIRTH
<input type="checkbox"/>	NATURALIZATION
<input type="checkbox"/>	MARRIAGE
<input type="checkbox"/>	OTHER (<i>Specify</i>)

12. If you are a non-national residing in Belize, please provide official documentation to support residency:

Section II – Employment

13. Present occupation or employment. State name of employer, nature of business and position held.			
EMPLOYER	OCCUPATION	NATURE OF BUSINESS	CAPACITY

14. Occupation(s) and employment during your professional lifetime. State name of employer(s), nature of business, position(s) held and the relevant dates. If retired, please state dates of employment when active.				
DATE	EMPLOYER	OCCUPATION	NATURE OF BUSINESS	CAPACITY

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15. a. State name, address (country of incorporation/ registration) of any company/business of which you are now an owner/ shareholder, beneficial owner or associate and indicate in which capacity you function:		
NAME OF BUSINESS	ADDRESS	CAPACITY
b. State the % of your ownership/ interest in the company/ business and if applicable, indicate the number of shares or stock held in the company/ other business:		
NAME OF BUSINESS	% OWNERSHIP / SHAREHOLDING	# OF SHARES, if applicable

16. a. State name and address (country of incorporation/ registration) of company/business of which you were, at any time, an owner/ shareholder, beneficial owner or associate.		
NAME OF BUSINESS	ADDRESS	CAPACITY
b. State the highest % of your ownership/ interest in the company/ business and if applicable, indicate the number of shares or stock held in the company/ other business at that time:		
NAME OF BUSINESS	# OF SHARES	% SHAREHOLDINGS

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17. State name and address (country of incorporation/ registration) of company/business of which you were, at any time, a director, officer, manager or in respect of which you were otherwise involved in management or operation:		
NAME OF COMPANY	ADDRESS	CAPACITY

18. a. Are you now or have you been involved in the ownership or management of a bank or financial institution?:					
BANK/ FINANCIAL INSTITUTION	ADDRESS	TELEPHONE	FAX	CAPACITY	DATES
b. State name, telephone, fax numbers and mailing address of bank(s) where you hold deposit accounts and/or securities accounts:					
BANK/ FINANCIAL INSTITUTION	TELEPHONE	FAX	ADDRESS		

19. Indicate the type of academic or professional qualifications possessed and the year in which they were obtained.		
PROFESSIONAL QUALIFICATIONS	NAME OF INSTITUTION	YEAR OBTAINED

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Section III – Other Information

20. Have you been indicted or convicted in Belize or elsewhere for any criminal offence? If so, give full particulars of the court by which you were convicted, the offence, the date of conviction and the penalty imposed.				
NAME OF COURT	OFFENCE	DATE OF INDICTMENT	DATE OF CONVICTION	PENALTY IMPOSED

21. Have you, at any time, been declared bankrupt, suspended payment to or compounded with creditors? If so, give full particulars.

22. Have you, at any time, failed to satisfy any debt adjudged due and payable by you as a judgement-debtor under order of a court in any jurisdiction? If so, give full particulars.

23. Have you been dismissed from the management of a bank or any other financial institution for an act or conduct involving dishonesty or fraud? If so, give full particulars.

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24. Have you been a director or have been involved, in any manner, in the management of a Bank or financial institution which has had its licence revoked in accordance with the laws of Belize or any other country? If so, give full particulars.

25. Have you, in Belize or anywhere, been censured or disciplined by any professional body to which you belong or have belonged or have you ever held a practicing certificate subject to conditions? If so, give full particulars.

26. Has any body corporate, partnership or unincorporated institution with which you were associated as a director, owner/ substantial shareholder, CEO or other similar position, been compulsorily wound up, suspended payments to or compounded with its creditors in Belize or elsewhere? If so, give full particulars including the date when you ceased to be associated with it.

27. In carrying out your functions at this moneylending/ pawnbroking business will you be acting on the directions, influence or instructions of any other person? If so, give full particulars of the arrangement and the person.

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28. Are you a politically exposed person (PEP)? A PEP is defined by the Section 2A of the Money Laundering and Terrorism (Prevention) Act as a person who is, or has been, entrusted with a prominent public function, a family member or close associate of a person who is, or has been entrusted with a prominent public function in Belize or any other country. If yes, indicate the nature of the relationship.

I, _____ *DECLARE, to the best of my knowledge and belief, that the information given above is true, correct and complete, and acknowledge that any misrepresentation or omission of a material fact, with respect to the foregoing, could prejudice this application. I undertake that, as long as I continue to be a director, owner/shareholder, officer, manager or associate of a moneylender licensed under the Moneylenders Act, I will notify the Registrar of any material changes affecting the completeness of answers above within a period of 14 days.*

Signature: _____

Date: _____

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