



**CENTRAL BANK**  
*of* **BELIZE**

**APPLICATION FOR AUTHORISATION OF AN AGENT  
UNDER THE NATIONAL PAYMENT SYSTEM ACT**

<b>1.</b> Name of Applicant: <i>(Payment Service Provider)</i>
<b>2.</b> Name of Proposed Agent:
<b>3.</b> Business Address of Proposed Agent: <i>(Provide proof of address e.g. utility bill, rental/ lease agreement)</i>
<b>4.</b> Contact Information of Proposed Agent:  (a) Mailing Address: (b) Telephones Nos.: (B) (M) (c) E-mail:
<b>5.</b> Describe the payment service to be provided through the proposed agent:
<i>Attach a copy of the proposed agreement (written) between the payment service provider and the proposed agent.</i>

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.

DECLARATION

*The application must be signed by the person(s) with the capacity and responsibility for making such an application on behalf of the applicant.*

We declare that all statements made and information provided in this application and the attached documents are, to the best of our knowledge and belief, true, correct and complete and that there are no other facts relevant to this application of which the Central Bank should be aware.

We undertake to inform the Central Bank of any changes to the application which may arise while the Central Bank is considering the application.

Name (in print):

Name (in print):

Position:

Position:

Signature:

Signature:

Date:

Date:

Initials \_\_\_\_\_

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