



CENTRAL BANK
of BELIZE

**APPLICATION FORM FOR PAYMENT SERVICE PROVIDER LICENCE
UNDER THE NATIONAL PAYMENT SYSTEM ACT**

NEW APPLICATION

RENEWAL APPLICATION

1. Applicant's Information:

Name of Applicant:		
Business Name: <i>(proposed business name)</i>		
Business Address:		
Legal Status of Applicant: <i>(company, credit union or corporate body incorporated in Belize)</i>		
Date of Incorporation: <i>(dd/mm/yy)</i>		
Place of Incorporation:		
Registered Address:		
Mailing Address:		
Business Contact:	(Telephone):	(email):
Contact Person:		
a) Name:		
b) Relationship with applicant:		
c) Telephone Nos.:	(Business):	(Mobile):
d) Email:		

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.

2. Management Structure of Applicant:

A. Provide the following information in respect of each director, officer, proposed director, and proposed officer:		
I. Director/Proposed Director:		
Name:	Capacity/Function: <i>(Specific role to applicant)</i>	Business/Profession:
II. Officer/ Proposed Officer:		
Name:	Capacity/Function: <i>(Specific role to applicant)</i>	Business/Profession:

Initials _____

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3. Type of Payment Service:

A. Indicate the payment service(s) the applicant intends to provide:		
(a) Remittance Service:	International	<input type="checkbox"/>
	Domestic	<input type="checkbox"/>
(b) Electronic Money		<input type="checkbox"/>
(c) Electronic Fund Transfer:		<input type="checkbox"/>
• Point of Sale		<input type="checkbox"/>
• Automated Teller Machines		<input type="checkbox"/>
• Transfers by telephonic instruments, including mobiles		<input type="checkbox"/>
• Transfers by television, internet and other communication channels		<input type="checkbox"/>
• Credit and debit cards transfers		<input type="checkbox"/>
(d) Other		<input type="checkbox"/>
B. Proposed address(es) for the provision of the payment service(s):		
C. Provide any other information which may be relevant to this application:		

Initials _____

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4. Branches and Agents of Payment Service Providers:

A. Provide the following information in respect of each branch or agent:

Branch/Agent:	Manager/Responsible Officer:	Address	Phone No. & Email

Initials _____

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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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