How to fill out the XCH 1 Application Form?

CENTRAL BANK of BELIZE

Form XCH-1
(PLEASE PRINT OR TYPE)

APPLICATION FOR FOREIGN EXCHANGE

No. _____

APPLICANT'S NAME: _____ A _____ PASSPORT NO. _____ (for travel only)

APPLICANT'S ADDRESS: _____ B _____

C ☐ RESIDENT ☐ NON-RESIDENT RECIPIENT COUNTRY _____ D _____ DURATION OF VISIT _____

NAME OF RECIPIENT: _____ E _____

RECIPIENT'S ADDRESS: _____ F _____

Foreign Currency Details	Type of FX Currency	Amount	Rate of Exchange	Local Currency Equivalent
	G	H		BZE. $
Stamp Duty	☐ Dutiable ☐ Exempt	Details	FX Amount x Base Rate x Stamp Duty Collected	
			x x 0.0175 =	
Method of Payment	☐ DRAFT ☐ T.T. ☐ CHEQUE ☐ CASH ☐ M.O. ☐ L.C. ☐ T.C.			

AMOUNT OF FX CURRENCY: _____ I _____
(FX in words)

THE CENTRAL BANK OF BELIZE	AUTHORIZED DEALER
STAMP	STAMP
Date: _____ Approved by: _____	Date: _____ Approved by: _____
Checked by: _____	

DETAILS OF TRANSACTION (ATTACH ALL SUPPORTING DOCUMENTS): _____
_____ J _____

DECLARATION BY APPLICANT

I declare that:-

The information given is true and correct and that the foreign exchange obtained will be used exclusively for the purpose specified above. **I also agree to provide the Central Bank of Belize with documents for transactions requiring clearance, as soon as these documents are available.** 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 any alteration of an approved XCH1 permit constitutes a contravention to the Regulations and that any permission given on this form will expire if not utilized within six months from the date of authorization.

K
APPLICANT'S SIGNATURE

FOR: CENTRAL BANK OF BELIZE USE ONLY
TYPE OF TRANSACTION

L

CURRENT ACCOUNT

IMPORTS:
- ☐ EXCLUDING OIL
- ☐ OIL & OIL PRODUCTS
- ☐ PREPAYMENTS

TRAVEL:
- ☐ BUSINESS
- ☐ FARES
- ☐ MEDICAL
- ☐ VACATION

SERVICES:
- ☐ ACCOUNTING SERVICES
- ☐ ARCHITECTURAL SERVICES
- ☐ AUDIOVISUAL SERVICES
- ☐ COMMUNICATIONS SERVICES
- ☐ COMPUTER SERVICES
- ☐ COURIER SERVICES
- ☐ EMBASSY SERVICES
- ☐ ENGINEERING SERVICES
- ☐ FINANCIAL SERVICES
- ☐ INFORMATION SERVICES
- ☐ LEGAL SERVICES
- ☐ SCIENTIFIC & OTHER TECHNICAL SERVICES

SERVICES CONT'D:
- ☐ ADVERTISEMENTS
- ☐ BUSINESS MANAGEMENT CONSULTANCY
- ☐ CORRESPONDENCE COURSE, SPORT & CULTURE
- ☐ EDUCATION
- ☐ FREIGHT CHARGES
- ☐ HEAD OFFICE EXPENSES
- ☐ INSURANCE PREMIUMS
- ☐ MEDICAL BILLS
- ☐ MILITARY UNITS & AGENCIES
- ☐ MINING OIL & GAS EXTRACTION SERVICES
- ☐ OTHER BUSINESS SERVICES
- ☐ REINSURANCE
- ☐ RENTAL OF EQUIPMENT
- ☐ ROYALTY & LICENSE FEES

REMITTANCES AND TRANSFERS:
- ☐ FAMILY MAINTENANCE
- ☐ GIFTS
- ☐ INTERNATIONAL & REGIONAL ORGANIZATIONS
- ☐ PENSION, TAXES & WINNINGS

INTEREST:
- ☐ ON DEPOSITS
- ☐ PRIVATE SECTOR LOANS
- ☐ PUBLIC SECTOR LOANS

INCOME:
- ☐ DIVIDENDS, PROFITS & PROPERTY RENTAL

CAPITAL ACCOUNT
- ☐ EMMIGRATION ALLOWANCE

INVESTMENTS:
- ☐ CURRENCY & DEPOSITS
- ☐ DIRECT INVESTMENT ABROAD
- ☐ OTHER CAPITAL TRANSACTIONS
- ☐ PORTFOLIO – DEBT
- ☐ PORTFOLIO – EQUITY
- ☐ REPATRIATION OF INVESTMENT (Land & Shares)

PRINCIPAL REPAYMENTS ON LOANS:
- ☐ LONG-TERM PRIVATE
- ☐ LONG-TERM PUBLIC
- ☐ SHORT-TERM PRIVATE
- ☐ SHORT-TERM PUBLIC

MISCELLANEOUS:
- ☐ CREDIT CARDS
- ☐ DOMESTIC PAYMENTS
- ☐ IBC OUTFLOWS
- ☐ OTHER NON-RESIDENT TO NON-RESIDENT FLOWS
- ☐ OTHER RESIDENT TO RESIDENT FLOWS
- ☐ OTHER TRAVEL
- ☐ PORT DISBURSEMENTS

REVISED 2020

Instructions:

A.) Name of person/company sending out the money

B.) Address of person/company sending out the money

C.) Residential status of person/company sending out the money

D.) State the country in which the person/company receiving the money is located

E.) Name of person/company receiving the money

F.) Address of person/company receiving the money

G.) indicate the type of Currency you wish to send e.g. **US Dollars/Pounds /Canadian/Euro**

H.) State the amount (**In US Dollars/Pounds/Canadian/Euro**) you wish to send

I.) State the amount in words

J.) State the purpose of your transaction in details (why are you sending out the money? Eg. Paying medical bills at Jackson Memorial Hospital. Or Purchasing Refrigerator, Toaster, Microwave, and Blender as stated on invoice # 1007)

K.) Sign the application and submit for approval

L.) Based on the purpose of the transaction stated in **J.)** above, the Approval Officer at the Central Bank of Belize will Indicate what type of transaction it is (e.g. Family Maintenance, Medical Bills, Education, Prepayments etc…)

****Note: Remember to attach your supporting documents.**