



CENTRAL BANK
of BELIZE

NOTICE FOR TRANSFER OF LAND IN BELIZE
Exchange Control Regulation No. 40

All land proceeds for a company registered in Belize must be deposited at a local financial institution.

An application for foreign exchange outflows must be submitted under a separate cover – XCH1.

Agent Name:	
Email Address:	
Telephone No.:	

Type of Transfer:	Sale <input type="checkbox"/> Exchange <input type="checkbox"/> Gift <input type="checkbox"/>
	Mortgage <input type="checkbox"/> Other <input type="checkbox"/>
	Please list: _____

P R O P E R T Y D E T A I L S			
Location of Property		Lot or Parcel Number	
Purchase Price (BZ\$)		Value of Property (BZ\$)	
Description of Property			

T R A N S F E R O R D E T A I L S		
Individual/Enterprise Name:	1.	
	2.	
Passport or Social Security No.	Expiration Date	Country of Issue:
	1.	1.
2.	2.	2.
Current Address:	1.	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
	2.	

If transferor above is an enterprise, enter details for all individuals who own more than 10%. Copy of Passport or Social Security Card must be provided.

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.	
2.	2.	
Passport or Social Security No.	Expiration Date:	Allotted Share Capital of the Enterprise:
	1.	1.
2.	2.	2.
Current Address:	1.	
	2.	

T R A N S F E R E E D E T A I L S

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

*If transferee above is an enterprise, enter details for all individuals who own more than 10%.
Copy of passport or Social Security Card must be provided.*

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: 1.	Nationality: 1.	
2.	2.	
Passport or Social Security No. 1.	Expiration Date: 1.	Allotted Share Capital of the Enterprise: 1.
2.	2.	2.
Current Address:	1.	
	2.	

I N T E N D E D P A Y M E N T D E T A I L S

If not Transferor, then Name of Beneficiary:			
Inward Payment Amount		Requested Amount to be Retained Abroad	
Name of Receiving Financial Institution in Belize		Name of Receiving Financial Institution Abroad	
If not Transferee, then Name of Sender:		Remitting Financial Institution	

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