

Qualified Retired Persons Program Renewal Form



Application Date:

Retiree Name:

QRP Number:

Please complete this form fully using black ink or type. The issue and expiration dates are found on your cards. If there were any misprints on your cards please make note of them by highlighting or circling.

Section 1 Personal Details

Full Name:	<input type="text"/>
Address:	<input type="text"/>
District:	<input type="text"/>
P.O. Box 1:	<input type="text"/>
Mobile Contact #(in Belize):	<input type="text"/>
Home Contact # (in Belize):	<input type="text"/>
E-mail address:	<input type="text"/>
Nationality:	<input type="text"/>
Place of Birth (City, Country):	<input type="text"/>
Date of Birth (Written Out eg. Sept 5, 1945):	<input type="text"/>

Section 2 Dependents

Dependent Name (1):	<input type="text"/>		
Relationship to Retiree:	<input type="text"/>	Date of Birth:	<input type="text"/>
Email Address:	<input type="text"/>		
Contact Number (in Belize):	<input type="text"/>		
Place of Birth (City, Country):	<input type="text"/>	Nationality:	<input type="text"/>
Dependent Name (2):	<input type="text"/>		
Relationship to Retiree:	<input type="text"/>	Date of Birth:	<input type="text"/>
Place of Birth (City, Country):	<input type="text"/>	Nationality:	<input type="text"/>

Note: if you have more than two dependents please feel free to attach the dependent sheet (attached to email)



Section 3 Personal Statement

Any issues that you may have come across since your last renewal, this is to help us make the program better for all retirees.

Continue on a separate sheet if necessary

Section 4 Questionnaire

1. Have you bought or built a home? Yes No
2. Have you purchased land besides the one your home sits on? Yes No
3. How many years have you been in the program?
4. Do you have any other investments besides property (restaurant, hotel, etc.)? Yes No
5. Could you list the investment (name and location)?
6. How would you describe your stay in Belize? Full-time Part-time
7. Would you be interested in becoming a Permanent Resident or Citizen? Yes No

Attachments:

Bank Statements, Passport Pages, New Passport Size Photograph, Payment (BZ\$50.00 per card)

I hereby certify that:

- *all the information given by me on this form is correct to the best of my knowledge*
- *all questions relating to me have been accurately and fully answered*

Signed:

Date:

RETURNING THIS FORM



By Hand or Post:

64 Regent Street **OR** P.O. Box 325
Belize City Belize City
Belize

By E-Mail:

rgodfrey@travelbelize.org

Enquiries:

Telephone: (+501) 227-2420
Fax: 227-2423

Please remember that you can receive this form electronically.