

APPLICATION FORM GOVERNMENT OF BELIZE

	% (Coupon Rate		
	Yı	r Treasury Note		
Director Finance Department Central Bank of Belize P.O. Box 852 Belize City				
Sir/Madam:				
		amount in words)		_ Dollars
\$) Government of Belize	% Coupon	Yr Treasury Note.	I/We
The Notes should be reginal full NAME IN BLOCK ORDINARY SIGNATURE ADDRESS:	istered in the name of: K LETTERS:			
DATE: TELEPHONE N	íO:			
TEEE HONE IV	O.	Issue N Applica	tion Noate No	

I hereby authorize you to deposit amounts due to me in respect of my holdings of Go	vernment of Belize
% Yr Treasury Note to my Account Number as per the information p	provided below:
BANK NAME:	
BANK ADDRESS:	
ACCOUNT NAME:	
ACCOUNT NUMBER:	
SIGNATURE:	
DATE:	