

BELIZE
VISA APPLICATION FORM



MISSION/STATION: _____

VISA NUMBER: _____

DTD: ____ / ____ / ____

1. TRAVEL DATES			
1.1 On which date do you wish to travel to Belize? <i>(day/month/year)</i>	/	/	
1.2 On which date will you leave Belize? <i>(day/month/year)</i>	/	/	
2. APPLICANT INFORMATION			
2.1 Last Name	2.2 Given Names		
2.3 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	2.4 Date of Birth <i>(day/month/year)</i>		
2.5 Place of Birth			
2.6 Country of Birth			
2.7 Nationality			
2.8 Do you hold or have ever held other nationalities (Please state)			
3. PASSPORT INFORMATION			
3.1 Passport Number			
3.2 Place of Issue		3.3 Issuing Authority	
3.4 Date of Issue <i>(day/month/year)</i>	/	/	3.5 Date of Expiry <i>(day/month/year)</i>
3.6 Is this your first passport?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
3.7 Please give details of any previous passports covering the last 10 years including where these passports are now.			
4. CONTACT DETAILS			
4.1 Your full residential address and postal code			
4.2 How long have you lived at this address			
4.3 Home telephone number	()		
4.4 Mobile telephone number	()		
4.5 Email address			

4.6 Contact details if different from those above	
5. FAMILY IDENTITY	
5.1 Father's Name	
5.2 Father's date of birth (<i>day/month/year</i>)	/ /
5.3 Father's nationality and place of birth	
5.4 Mother's name	
5.5 Mother's date of birth (<i>day/month/year</i>)	/ /
5.6 Mother's nationality and place of birth	
5.7 Full name of spouse/partner	
5.8 Spouse/partner's date of birth	/ /
5.9 Spouse/partner's nationality	
5.10 Does your spouse/partner currently live with you at the address given?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.11 If spouse does not live with you at address please give address	
5.12 Will your spouse/partner be travelling with you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.13 Do you have any children?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.14 Do all your children currently live with you at the address given?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.15 Please provide full details for each of your dependant children	
5.16 Please list any of your children who will be travelling with you to Belize?	
5.17 Will any other children be travelling with you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.18 If yes please provide full details about the child/children	
5.19 Name	
5.20 Date of Birth (<i>day/month/year</i>)	/ /
5.21 Passport Number	

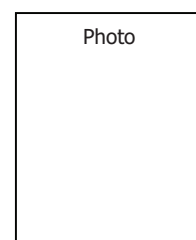
5.22 Address			
5.23 Place of Birth		5.24 Nationality	
5.25 Your relationship to child		5.26 Your relationship to their parents	
6. FINANCES AND EMPLOYMENT			
6.1 Are you employed full time?	YES <input type="checkbox"/> NO <input type="checkbox"/>	6.2 Are you employed part-time?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6.3 Are you self employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	6.4 Are you unemployed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6.5 Are you retired?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
6.6 Are you a student, please give details of the course and institution you attend			YES <input type="checkbox"/> NO <input type="checkbox"/>
6.7 Are you supported by spouse/partner/other family member? Please give details.			YES <input type="checkbox"/> NO <input type="checkbox"/>
6.8 What is your present work or occupation?			
6.9 What is the name of the company or organization you work for?			
6.10 When did you start this job?			
6.11 What is your work address?			
6.12 What are your employer's telephone numbers?			
6.13 What is your employer's email address?			
6.14 Please give details of any additional jobs or occupations you may have?			
6.15 Have you ever worked for any of the organizations listed below? <i>Armed forces (including national service)</i> <i>Government (Central or local)</i> <i>Judiciary</i> <i>Media</i> <i>Public or civil administration</i> <i>Security (including police and private security companies)</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
6.16 Please give details of every organization that you have worked for that is of a type in the list. Include name of organization job title or rank and dates (year to year)			
6.17 What is your total monthly income from all sources of employment or occupation?			
6.18 Do you receive income from any other sources including family or friends?			YES <input type="checkbox"/> NO <input type="checkbox"/>
6.19 Do you have savings, property or other income (for example stocks and shares)?			YES <input type="checkbox"/> NO <input type="checkbox"/>
6.20 How much of your total monthly income is given to your family members and other dependants?			
6.21 How much do you spend each month on living costs?			

6.22 What money is available to you for your trip?		
6.23 Who will pay for your travel to the Belize?		
6.24 Who will pay for your expenses such as food and accommodation?		
6.25 If someone other than yourself is paying for all or any part of this visit, how much money will they give you?		
6.26 What is the cost to you personally of your stay in Belize?		
7. TRAVEL HISTORY		
7.1 Have you travelled to Belize in the last 10 years?		YES <input type="checkbox"/> NO <input type="checkbox"/>
7.2 If yes please provide details of any trips to Belize		
7.3 Have you travelled outside your country of residence excluding Belize in the last 10 years?		YES <input type="checkbox"/> NO <input type="checkbox"/>
7.4 Have you ever been refused a visa for any country including Belize? Please give dates and details.		YES <input type="checkbox"/> NO <input type="checkbox"/>
7.5 Have you been granted previous visas to Belize? Please give details		YES <input type="checkbox"/> NO <input type="checkbox"/>
7.6 Have you been refused entry on arrival to Belize in the last 10 years?		YES <input type="checkbox"/> NO <input type="checkbox"/>
7.7 Have you ever been deported, removed or otherwise required to leave any country, including Belize in the last 10 years?		YES <input type="checkbox"/> NO <input type="checkbox"/>
7.8 Do you have any criminal convictions in any country including Belize?		YES <input type="checkbox"/> NO <input type="checkbox"/>
7.9 Have you ever been charged in any country with a criminal offence for which you have not yet been tried in court?		YES <input type="checkbox"/> NO <input type="checkbox"/>
7.10 In times of either peace or war have you ever been involved in or suspected of involvement in war crimes, crimes against humanity or genocide?		YES <input type="checkbox"/> NO <input type="checkbox"/>
7.11 Have you ever been involved in supported or encouraged terrorist activities in any country?		YES <input type="checkbox"/> NO <input type="checkbox"/>
7.12 Have you ever been a member of or given support to an organization that has been concerned in terrorism?		YES <input type="checkbox"/> NO <input type="checkbox"/>
7.13 Have you ever, by any means or medium, expressed views that justify or glorify terrorist violence or that may encourage others to terrorist acts or other serious criminal acts?		YES <input type="checkbox"/> NO <input type="checkbox"/>
7.14 Have you engaged in any other activities that might indicate that you may not be considered a person of good character?		YES <input type="checkbox"/> NO <input type="checkbox"/>
8. TRAVELERS UNDER THE AGE OF (18) EIGHTEEN YEARS		
8.1 Please provide full details about your parents or guardians in your home country		
8.2 Name		
8.3 Address		
8.4 Telephone Number ()	8.5 Email Address	

8.6 Relationship	
8.7 Will you be travelling to Belize alone?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8.8 If accompanied, please provide full details of up to two adults who will accompany you including their passport numbers and your exact relationship to them.	
8.9 Is the address you will be staying at a private address?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8.10 Please provide full details about the person you will be staying with	
8.11 Name	
8.12 Address	
8.13 Nationality	
8.14 Relationship	
8.15 How will you stay with this person?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. YOUR TRIP	
9.1 What type of visa are you applying for?	SINGLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/>
9.2 How long do you intend to remain in Belize?	
9.3 What is the purpose of your visit to Belize?	
9.4 Please give full address and telephone number of all the places where you will be staying during your visit in Belize.	
9.5 If you are staying at a private address please give the name and exact relationship of the person(s) you will be staying with.	

SIGNATURE OF APPLICANT/GUARDIAN

DATE



FOR OFFICIAL USE ONLY

OUR REFERENCE: _____

Supporting Documents *(kindly list all supporting documents accompanying application)*

RECOMMENDATIONS

DIRECTOR
IMMIGRATION AND NATIONALITY DEPARTMENT

DATE