



Application for Business Certificate of Registration  
New Formation / Purchase Request

Date of Application: \_\_\_\_\_

Choose the type of registration:

**Business Name**

**Foreign Company**

Proposed names (in order of preference):

1.

\_\_\_\_\_

2.

\_\_\_\_\_

3.

\_\_\_\_\_

**REGISTERED OFFICE/CONSULTANT ADDRESS:**

#16 Albert Hoy Avenue  
Belama Phase 1  
Belize City, Belize C.A.

**BUSINESS OWNERS**

**Title**

**Full name**

**Full Address**

Owner

\_\_\_\_\_

Owner

\_\_\_\_\_

Owner

\_\_\_\_\_

**BUSINESS MAIN OBJECTIVES:**

\_\_\_\_\_  
\_\_\_\_\_

**Client's full name**

\_\_\_\_\_

**Physical Address**

\_\_\_\_\_

**Phone number**

\_\_\_\_\_

**Fax**

\_\_\_\_\_

**E-mail**

\_\_\_\_\_

**Contact person**

\_\_\_\_\_

**Client Signature:**

\_\_\_\_\_