

Designated Non-Financial Business & Profession (DNFBP) Registration Form

For Official Use Only

Pursuant to Section 85B of the Money Laundering and Terrorism (Prevention) Act, 2008 (MLTPA), a person who intends to carry on, or is carrying on, a business or profession for which the Financial Intelligence Unit (FIU) is specified as the supervisory authority under the Third Schedule of the MLTPA must apply for registration with the FIU and pay the prescribed registration fees and a non-refundable application fee.

Return completed application with attachments and proof of payment to:

Financial Intelligence Unit
Compliance Department
4998 Coney Drive Plaza
P.O. Box 2197
Belize City, Belize

Part I - Filing Information

Indicate the type of filing by checking A, B, or C. If filing a correction check D below.

A Initial Registration B Renewal C Re-registration D Correcting Prior Filing
If check B, C or D provide FIU Registration NO. _____

If checked Part I (D), please indicate briefly, the reason(s):

Part II - DNFBP Details (Individual or Legal Entity)

Name of Individual: _____ Name of Legal Entity: _____

Nature of Business: _____ Company Registration No.(Attach copy): _____

Registered address: _____ Telephone No. : _____
(Include Street No., Street Name, City and Country)

If there are other branches/outlets, include addresses of the locations:

Email: _____ Website: _____

Tax Identification No.: _____ Estimated Annual Income (in BZD \$) _____
(If applicable)

Part III - Director(s)/Owner(s)/Partner(s) [attach additional sheets if necessary]

Full Name: _____

Address: _____
(Include Street No., Street Name, City and Country)

Telephone No.: _____ Nationality: _____ Identification No.(Attach copy): _____

Full Name: _____

Address: _____
(Include Street No., Street Name, City and Country)

Telephone No.: _____ Nationality: _____ Identification No.(Attach copy): _____

Full Name: _____
Address: _____
(Include Street No., Street Name , City and Country)

Telephone No.: _____ Nationality: _____ Identification No.(Attach copy): _____

Part IV – Beneficial Owner(s)[attach additional sheets if necessary]

Full Name: _____
Address: _____
(Include Street No., Street Name , City and Country)

Telephone No.: _____ Nationality: _____ Identification No.(Attach copy): _____

Full Name: _____
Address: _____
(Include Street No., Street Name , City and Country)

Telephone No.: _____ Nationality: _____ Identification No.(Attach copy): _____

Full Name: _____
Address: _____
(Include Street No., Street Name , City and Country)

Telephone No.: _____ Nationality: _____ Identification No.(Attach copy): _____

Part V – Money Laundering Compliance Officer (MLCO)

Full Name: _____ Address: _____
(Include Street No., Street Name , City and Country)

Nationality: _____ Identification No.(Attach copy): _____ Telephone No.(Office) _____

Part VI – Declaration and Authorized Signature

I declare that:

I am authorized to file this form on behalf of myself/the company/the business listed in **Part II** and all the information and supporting documents provided in respect of this application are true, correct and complete.

I understand that the individual/company/business listed in **Part II** is subject to the MLTPA, the Designated Non-Financial Businesses and Professions Regulations (DNFBPR) and the FIU Act.

Print Name: _____ *Signature: _____ Date: _____

Position held with the Registered Business: _____

*(*The signature of the owner/authorized person is mandatory.)*

For payment information and instructions please contact the FIU at Phone No: 223-2729/0596, email: compliance@fiubelize.org or [click here](#).

NB: The application fee is non-refundable as stated in the [DNFBP Guide to Registration & Overview of Responsibilities and Obligations](#).