

# 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](mailto: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](#).