

## APPLICATION FOR REWARDS PROGRAM REGISTRATION

Thank you for applying to be a part of the Rewards Program for Belize Income Tax Payers. Please familiarize yourself with a description of the Program and its terms. Your application will be reviewed and a notice will be sent to you as soon as possible to indicate that you have met all the requirements. Please provide us with the following details so as to accelerate the process:

Name of Applicant \_\_\_\_\_

Trade Name \_\_\_\_\_

Taxpayer Identification Number \_\_\_\_\_

State whether the operation is a Sole proprietorship, Partnership, Company, etc

\_\_\_\_\_

Business Address \_\_\_\_\_

Principal Officer \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Special Day (Day, Month, Year) \_\_\_\_\_

***(Please identify the entity's Special Day. The Special Day could be the proprietor's Birthday, the Business' Anniversary or any other Day of your choice.)***