


Application for Voluntary Disclosure

APPLICATION FOR VOLUNTARY DISCLOSURE			
<p>Instructions:</p> <p>i) This form will take about 10 minutes to complete.</p> <p>(ii) You will need the following information for the form</p> <ul style="list-style-type: none"> ▪ Taxpayer Registration Number (TRN) ▪ Entry Details <p>(iii) Please complete this form and return it via fax, email, hand or post</p>		<p><i>Belize Customs & Excise Department</i> Customs House, Port Loyola, P.O. Box 146, Belize City, Belize, C.A E-mail: cusnet@btl.net</p> <p>Telephone: 501-223-7092/93 Fax: 501-223-7091</p> <p>Website: http://www.customs.gov.bz</p>	
PART I PARTICULARS (Fill in where applicable)			
Company Name :			
Company Address:		Telephone No :	Fax No :
		(Office)	
		(Mobile)	
		(Broker's Tel.#)	
Authorized Person Name :		Designation :	Email :
Broker's Name and Business Address :		TIN / Social Security No :	
PART II DISCLOSURE DESCRIPTION (where applicable & attach separate annexes if necessary)			
Brief description of error(s)/omission			
Declaration No.	Amount short-paid to the Belize Customs and Excise Department	Declaration No.	Amount short-paid to the Belize Customs and Excise Department

	Duty (BZ\$)	GST (BZ\$)	Other Taxes and Fees (BZ\$)		Duty (BZ\$)	GST (BZ\$)	Other Taxes and Fees (BZ\$)

Total amount short-paid/over-paid (BZ\$) :

PART III DECLARATION

I
 [Full name of Authorized Person in BLOCK letters]
 declare that the information given in this form is true and complete.

Signature :

Company Stamp (if applicable):

Date :

PART IV FOR OFFICIAL USE

Unit :

Officer-in-charge :

Unit Ref No. :

Signature & Date :