

Program Enrollment Request Form		www.belizeinvest.org.bz/mep	
Primary Adviser: (office use only)		Tier: (office use only)	
Part 1	Contact Information (mandatory)		
First Name:	MI:	Last Name:	
Personal Email Address:			
Position: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> CEO <input type="checkbox"/> President			
Work Phone:		Home Phone:	
Fax:		Mobile Phone:	
Mailing Address:			
City/Town/Village:		District:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Age:	
Employer Social Security Registration Number:			
Part 2	Business Information		
Business Name:		Type: <input type="checkbox"/> Company <input type="checkbox"/> Business <input type="checkbox"/> Co-operative <input type="checkbox"/> Other	
Business Email Address:			
Status: <input type="checkbox"/> Not-In-Business <input type="checkbox"/> Starting New Business <input type="checkbox"/> In-Business		Date Established (MM/DD/YY):	
Tax Identification Number (TIN):		Importer's TIN:	
Business Social Security Registration Number:			
Ownership: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both		Website:	
Business Type: <input type="checkbox"/> Agro-processing <input type="checkbox"/> Aquaculture <input type="checkbox"/> Creative Industry – Artisan <input type="checkbox"/> Creative Industry – Other <input type="checkbox"/> Fashion and Design <input type="checkbox"/> Food and Beverage <input type="checkbox"/> Light Manufacturing <input type="checkbox"/> Manufacturer <input type="checkbox"/> Personal Products <input type="checkbox"/> Other: _____			
Organization Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			
International Activity: <input type="checkbox"/> Export <input type="checkbox"/> Import <input type="checkbox"/> Both			
Physical Address:			
City/Town/Village:			
# Employees: (Mandatory)	Full Time: Female: Male:	Part Time: Female: Male:	Description of Product:

Disclaimer: "By filling out, signing, and returning the MEP Request Form by email or by Fax, you are authorizing an electronic substitute of your written signature on the form,"

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Belize Trade and Investment Development Service



