



**MINISTRY OF AGRICULTURE, FOOD SECURITY &  
ENTERPRISE**

QUARTERLY REPORT: FREE ZONES 20 \_ \_

**FOR PERIOD**

**Fourth Quarter: October to December**

***Free Zones Act of 2005, Section 22 (1) 23 (1)(2)(3): This report must be submitted to the Ministry responsible for FREE ZONES within one (1) month of the end of the stated period. Failure to comply, please refer to Section 30 (3) & 31 of the Free Zones Act. ALL DATA ARE FOR THIS QUARTER ONLY UNLESS OTHERWISE STATED.***

**PLEASE FILL OUT AND CITE ALL MONEY IN BELIZE DOLLARS (\$BZ)**

***1. GENERAL INFORMATION***

**COMPANY PROFILE:**

A. Company Name: \_\_\_\_\_

B. Company Social Security Number: \_\_\_\_\_

C. Company GST TIN Number: \_\_\_\_\_

D. Current Type of Business:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Commercial Service | <input type="checkbox"/> Wholesale     | <input type="checkbox"/> Other Services      | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Product Heavy      | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Light Manufacturing | <input type="checkbox"/> Retail        |
| <input type="checkbox"/> Merchandise        |  |  |  |

E. Approved Activities: \_\_\_\_\_

F. Does the Company has any outlet? (YES) (NO)

i. List outlets if applicable:

\_\_\_\_\_

G. Main Business Functions from within approved Activities:

\_\_\_\_\_

H. **Contacts:** Person(s) and Position: \_\_\_\_\_

Phone (Mobile): \_\_\_\_\_ (Tel): \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Other: \_\_\_\_\_

I. Website: \_\_\_\_\_

J. Operating Address: \_\_\_\_\_

K. Mailing Address: \_\_\_\_\_

L. Registered Office: \_\_\_\_\_

M. Year of Free Zone Status Granted: \_\_\_\_\_

N. Number of Years Operating in the Free Zone: \_\_\_\_\_

O. Exact Location in the Free Zone (indicate room / building & parcel no.):  
\_\_\_\_\_

P. Name of Owner(s) / Principals, Nationality and Percentage of Share per Principal:

Name \_\_\_\_\_ Nationality: \_\_\_\_\_ Number of Shares: \_\_\_\_\_

Name \_\_\_\_\_ Nationality: \_\_\_\_\_ Number of Shares: \_\_\_\_\_

Name \_\_\_\_\_ Nationality: \_\_\_\_\_ Number of Shares: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q. Has there been any changes in management or ownership: (YES) (NO)

If yes, indicate position and who: \_\_\_\_\_

## **MANAGEMENT**

A. General Manager's Name: \_\_\_\_\_

B. Financial Controller: \_\_\_\_\_

**FINANCIAL INTELLIGENCE UNIT (FIU) REGISTRATION:** (YES) (NO)

A. Is your company up to date with FIU certification? (YES) (NO)

B. Kindly indicate FIU's Registration Certificate expiry date:  
\_\_\_\_\_

C. Have you filled any Suspicious Transactions Reporting (STRs) to the FIU?  
(YES) (NO)

D. If yes, how many STRs submitted to FIU for each quarter?

Quarter:	Number of STRs:
4 <sup>th</sup> Quarter – Oct to Dec	

## 2. STATISTICAL INFORMATION

### A. CAPITAL INVESTMENT

LAND: \$ \_\_\_\_\_ SOFTWARE: \$ \_\_\_\_\_

BUILDING: \$ \_\_\_\_\_ INTELLECTUAL PROPERTY: \$ \_\_\_\_\_

MACHINERY: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

RESEARCH: \$ \_\_\_\_\_

TOTAL INVESTMENT FOR THIS QUARTER: \$ \_\_\_\_\_

### B. SOURCE OF FUNDS

Local loan (BZ)	Local equity (BZ\$)	Foreign loan (BZ\$)	Foreign equity (BZ\$)

### C. WHICH FINANCIAL INSTITUTIONS DO YOU BANK WITH?

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### D. REVENUE FROM SALES / TURNOVER

Export to where? Kindly indicate below the Country exporting to:

\_\_\_\_\_  
*(Indicate the value of export sales in the following period)*

### E. REVENUES FROM EXPORT ACTIVITIES:

Types of Goods Exported: \_\_\_\_\_

Period	Value of total Sales Directly Exported to another Country (BZ\$)	Cash (BZ \$)	Currency	Wire Transfer (BZ \$)
October				
November				
December				
<i>4<sup>th</sup> quarter: Oct to Dec Total</i>				

Period	Value of total Sales within the confines of a Free Zone (BZ\$)	Cash (BZ \$)	Currency	Wire Transfer (BZ \$)
October				
November				
December				
<i>4<sup>th</sup> quarter: Oct to Dec Total</i>				

Period	Value of total Sales to Belize (BZ\$)	Cash (BZ \$)	Currency	Wire Transfer (BZ \$)
October				
November				
December				
<i>4<sup>th</sup> quarter: Oct to Dec Total</i>				

## COSTS

RECURRENT EXPENDITURE FOR QUARTER INDICATED:

ITEM	COST \$BZ
<i>Operating Expenses:</i>	
Electricity	
Telecommunication	
Rent	
Transportation	
Wages & Salaries	
Social Security	
Training	
PAYE	
Fuel	
Business & professional services (legal, accounting, management, advertising, etc.)	
Security	

Insurance	
Depreciation and amortization	
Office Supplies & Equipment	
Office and administrative related expenses	
Other Operating Expenses	
<b>GRAND TOTAL</b>	

## IMPORTS

Types of Goods Imported: \_\_\_\_\_

IMPORTS From? Kindly indicate the Country: \_\_\_\_\_

(Indicate the value imported in the following period)

Period	Value of total Imports (BZ\$)
October	
November	
December	
<i>4<sup>th</sup> quarter: Oct to Dec Total</i>	

## EMPLOYMENT

CURRENT EMPLOYMENT	MALE	FEMALE	TOTAL
No. Of Employees			
Belizean Nationals			
Non- Nationals			

(If workers are only hired on a contractual basis, kindly indicate periods they are hired and quantity.)

Type of Employment	Foreign	National	Total	Average Wage Rate (per hour) in BZ\$
Support Staff				
Technical Staff				
Management				

## POINT OF SALE SYSTEM (P.O.S.)

Do you have a P.O.S. System? (YES) (NO) & Inventory system? (YES) (NO)

What type of model for P.O.S. do you have in place?

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What type of model for Inventory System do you have in place?

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### **TRAINING**

Period	Number of Employees Trained	Type of Training	Certification (local vs International)

### **3. REPORT ON CONDUCT, PROGRESS AND PLANS OF THE ENTERPRISE:**

- a.) Achievements of the Company for the past three months.*
- b.) Challenges encountered by the company.*
- c.) Short term future plans for the enterprise.*
- d.) What is the status with your Intellectual Property and research and development if any?*
- e.) Projected skills / human resource needed for future development.*
- f.) Indicate “know your vendor and know your client” information you have acquired.*
- g.) If recent construction, indicate the number of employees and investment made.*

### **4. ATTACHMENTS:**

- A copy of Social Security FIN 15A forms for three months of this quarter.

**If all the copies are not furnished the report will be considered incomplete.**

I (name) ----- on behalf of **(Company Name)** -----  
and in fulfillment of the requirements of section \_\_\_\_\_ of the Free Zones Act , Section  
\_\_\_\_\_ of the Free Zones Regulations and the \_\_\_\_\_ item of Operation Contract, do  
hereby certify that the above information is true and correct to the best of my ability and  
knowledge.

Signature: -----

Position: -----

Date: -----

***DO NOT WRITE BELOW THIS LINE***

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FOR MINISTRY'S OFFICIAL USE ONLY:

COMMENTS AND RECOMMENDATIONS: