



**NON-BELONGERS LAND HOLDING LICENCE  
COMPANY APPLICATION FORM**

**APPLICATION FEE - \$500.00 (Non-refundable).** There are no application fees for directors and shareholders.

**REQUIRED DOCUMENTS**

**Applicable to each beneficial owner and director:**

- Copy of Passport Biography Page
- Two (2) character references
- Two (2) personal references indicating the applicant's ability to purchase the land and to carry out the proposed development or improvement (preferably from the applicant's current banking institution, employer or financial auditor)
- One (1) financial statement reflecting one consecutive year of banking practices (relates to cash or cheque account only)
- One (1) original Police Certificate
- One (1) Passport Sized Photo

**Applicable to Vendor (if a company) and Purchasing Company:**

- Copy of the company's Annual Summary of Member, Certificate of Incumbency or Registered Agent Certificate
- Certificate of Incorporation or Certificate of Registered Office
- Memorandum and Articles of Association
- Good Standing Certificate

**Additional required documents:**

- Copies of four (4) consecutive newspaper, online media advertisements (reflecting the name of the newspaper and the date of publication at the top of the page) and on the Government Website. The information must relate to the particulars of the property
- A letter sized version (8 1/2 x 11) of a Non-Belonger survey map reflecting the acreage, the name(s) of the adjacent landowner(s) of the property and the position of the existing fixtures on the land depicted on the specified parcel (the map can be obtained from a local licensed surveyor or the Lands and Survey Department)
- Copy of the believer's notarized Birth Certificate or copy of Naturalization Certificate (applicable to the vendor who is deemed to be a believer)
- A notarized letter of intent from the land owner(s) who is/are desirous of adding an individual's name (i.e. spouse or child or parent(s) or removing or relinquishing their interest in their property to another person(s) i.e. spouse or child(ren) or parent(s)) to/from their licence in consideration of 'natural love and affection' (applicable to the registered landowner)
- A notarized letter of intent from to the director(s)/shareholder(s) who is/are desirous of relinquishing their interest in the company to another person(s)
- Proof of rental history (i.e. receipts to support the payment of accommodation taxes paid to the government of the British Virgin Islands) for a developed property, if rental permission is the desire of the applicant
- Copy of the record to reflect land ownership of the property reflected on the application
- Copy of the sale agreement
- Copy of the Declaration of a Trust where applicable
- Copy of the Registered Licence
- Copy of the Transfer document
- Proof of input from an architect/planner;
- Birth Certificate (for parents transferring property to their children)
- Marriage Certificate (for spouse transferring property to another spouse)
- A Certified Copy of a Valuation Report of the property

All written references must reflect a current date (one year from the date written) and addressed to the Ministry of Natural Resources, Labour and Immigration, Government of the Virgin Islands, Central Administration Complex, Road Town, Tortola, British Virgin Islands.

**SECTION I — PURCHASING COMPANY INFORMATION**

|   |                        |                          |
|---|------------------------|--------------------------|
| <b>Registered Name and Number of Company</b>  |                        |                          |
|   | <i>Registered Name</i> | <i>Registered Number</i> |
| <b>Registered Office of Company</b>   |                        |                          |
| <b>Place and Date of Incorporation</b>  |                        |                          |
|   | <i>Place</i>           | <i>Date (D/M/Y)</i>      |
| <b>Telephone Number</b>   |                        |                          |
| Does the Company permit the issue of share or share warrants transferable by delivery to bearer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |                          |
| What is the main objective for which the company is established?  |                        |                          |
| Was a Non-Belongers Land Holding Licence previously obtained by the company or owner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No         |                        |                          |
| If yes, state Instrument Number(s) _____ Purpose: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial                                |                        |                          |

**SECTION II — DESCRIPTION AND DETAILS OF LAND**

|  |  |                             |
|--|--|-----------------------------|
| <b>Parcel Number</b>   | <b>Block Number</b>  | <b>Registration Section</b> |
| <b>Acreage</b>   | <b>Location (Local Name)</b>   |                             |
| <b>Any other public right of way?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                       | <b>Right of way to beach</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                             |
| <b>Description of Development that exists on the land</b><br>(i.e dwelling house including the number of bedrooms and bathroom etc.) |  |                             |
| <b>Purchase Price of Land/Property</b><br>(If developed, please provide breakdown of cost of land, buildings and furnishings)        |  |                             |
| <b>Purpose for which the land will be utilized</b>   | <input type="checkbox"/> Build <input type="checkbox"/> Renovate <input type="checkbox"/> Reconstruct <input type="checkbox"/> Other _____               |                             |
| <b>Source from which the purchase and development will be financed</b>   | <input type="checkbox"/> Local funding <input type="checkbox"/> Own Savings <input type="checkbox"/> Foreign Source <input type="checkbox"/> Other _____ |                             |

**SECTION III — VENDOR INFORMATION**

|   |   |  |
|---|---|--|
| <b>Name of Vendor</b><br>(Full name of Company or Individual) |   |  |
| <b>Current Address</b>  | <input type="checkbox"/> Belonger <input type="checkbox"/> Non-Belonger |  |
| <b>Date of Advertisements (D/M/Y)</b>                         |   |  |

**SECTION IV — LESSOR INFORMATION (if applicable)**

|   |   |  |
|---|---|--|
| <b>Name of Lessor</b><br>(Full name of Company or Individual) |   |  |
| <b>Current Address</b>  | <input type="checkbox"/> Belonger <input type="checkbox"/> Non-Belonger |  |
| <b>Leasehold Price</b>  |   |  |

**SECTION V — DEVELOPMENT**

|   |  |  |
|---|--|--|
| <b>State the full details of your plan including usage and number of bedrooms and bathrooms</b> |  |  |
| <b>Time required to complete the intended development</b>                                       |  |  |
| <b>Name of Local Contactor(s)</b>   |  |  |
| <b>Intended Capital Outlay</b>  |  |  |

**SECTION VI — BENNEFICIAL OWNERS, DIRECTORS AND SHAREHOLDERS**

(THE FOLLOWING SECTION APPLIES TO EACH BENNEFICIAL OWNER, DIRECTOR AND SHAREHOLDER WHO ARE REQUIRED TO HOLD LICENCES)

| <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Beneficial Owner  |   | <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Beneficial Owner  |   |
|---|---|---|---|
| <b>Name</b>   |   | <b>Name</b>   |   |
| <b>Current Address</b>  |   | <b>Current Address</b>  |   |
| <b>Professional Occupation</b>  |   | <b>Professional Occupation</b>  |   |
| <b>Place of Occupation</b>  |   | <b>Place of Occupation</b>  |   |
| <b>Nationality</b>  |   | <b>Nationality</b>  |   |
| <b>Date of Birth (D/M/Y)</b>  |   | <b>Date of Birth (D/M/Y)</b>  |   |
| <b>Passport Information</b>   | <i>Passport Number</i>  | <b>Passport Information</b>   | <i>Passport Number</i>  |
|   | <i>Date of Issue (D/M/Y)</i>  |   | <i>Date of Issue (D/M/Y)</i>  |
|   | <i>Place of Issue (D/M/Y)</i>   |   | <i>Place of Issue (D/M/Y)</i>   |
| <b>List countries where you have lived for more than 6 months over the past 10 years</b><br>_____   |   | <b>List countries where you have lived for more than 6 months over the past 10 years</b><br>_____   |   |
| <b>Length of time living in the British Virgin Islands</b><br>_____   |   | <b>Length of time living in the British Virgin Islands</b><br>_____   |   |
| <b>Immigration Status</b>   | Residing on Spouse's Time <input type="checkbox"/> Work Permit <input type="checkbox"/> Student<br>Permanent Residence <input type="checkbox"/> Work Permit Exempt <input type="checkbox"/> Other _____ | <b>Immigration Status</b>   | <input type="checkbox"/> Residing on Spouse's Time <input type="checkbox"/> Work Permit <input type="checkbox"/> Student<br><input type="checkbox"/> Permanent Residence <input type="checkbox"/> Work Permit Exempt <input type="checkbox"/> Other _____ |
| <b>Was a Non-Belongers Land Holding Licence previously obtained?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, state Instrument Number(s) _____<br><b>Purpose:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial |   | <b>Was a Non-Belongers Land Holding Licence previously obtained?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, state Instrument Number(s) _____<br><b>Purpose:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial |   |

|   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Beneficial Owner  |   | <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Beneficial Owner  |   |
| Name  |   | Name  |   |
| Current Address   |   | Current Address   |   |
| Professional Occupation   |   | Professional Occupation   |   |
| Place of Occupation   |   | Place of Occupation   |   |
| Nationality   |   | Nationality   |   |
| Date of Birth (D/M/Y)   |   | Date of Birth (D/M/Y)   |   |
| Passport Information  | <i>Passport Number</i>  | Passport Information  | <i>Passport Number</i>  |
|   | <i>Date of Issue (D/M/Y)</i>  |   | <i>Date of Issue (D/M/Y)</i>  |
|   | <i>Place of Issue (D/M/Y)</i>   |   | <i>Place of Issue (D/M/Y)</i>   |
| List countries where you have lived for more than 6 months over the past 10 years<br>_____  |   | List countries where you have lived for more than 6 months over the past 10 years<br>_____  |   |
| Length of time living in the British Virgin Islands<br>_____  |   | Length of time living in the British Virgin Islands<br>_____  |   |
| Immigration Status  | <input type="checkbox"/> Residing on Spouse's Time <input type="checkbox"/> Work Permit <input type="checkbox"/> Student      | Immigration Status  | <input type="checkbox"/> Residing on Spouse's Time <input type="checkbox"/> Work Permit <input type="checkbox"/> Student      |
|   | <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Work Permit Exempt <input type="checkbox"/> Other _____ |   | <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Work Permit Exempt <input type="checkbox"/> Other _____ |
| Was a Non-Belongers Land Holding Licence previously obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, state Instrument Number(s) _____<br>Purpose: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial |   | Was a Non-Belongers Land Holding Licence previously obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, state Instrument Number(s) _____<br>Purpose: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial |   |

**By signing, I acknowledge that all information provided (entailed or attached) herein is true and accurate, to the best of my knowledge.**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE (D/M/Y):** \_\_\_\_\_

| FOR OFFICIAL USE ONLY                  |  |                 |  |
|--|--|-----------------|--|
| Date Received                          |  | File Number     |  |
| Applicants Full Name                   |  |                 |  |
| Application Fee Received               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount Received |  |
| <b>Number of Attachments Received:</b> |  |                 |  |
| Checked by:                            | Date Checked (D/M/Y):                                    |                 |  |