



### FORM 4 - A

Form 4 - A

#### DECLARATION OF RECOMMENDER FOR BELIZE PASSPORT APPLICATION FOR PARENTS UNDER 16 YEARS

[Regulation 7(1)]

I, (Mr., Mrs., Miss) Jennifer Amber Westing of #2 LAYTON STREET, SANTA EPIFANIA CAYO DISTRICT and

currently employed as PROFESSOR hereby declare/certify that I have been acquainted with the child (Mr., Mrs) Adam Alexander Smith for the past 4 through (Specify relationship) PARENTS AND FREQUENT CUSTOMERS

*Printed Name of the Minister of the Department of Immigration, Customs and Excise*  
**Minister of the House of Representatives, Chief Executive Officer of an Ministry of the Government, Head of Department of an Department of the Government of Belize or Licensed Teacher**  
and that the information provided in his/her Belize passport application is true and correct to the best of my knowledge, information and belief.

Signature of Recommender J Westing  
Date 09 / 02 / 2016  
Tel Office/Work 822-0486  
Mobile 601-3224  
Email ja\_westing@proton.com



### FORM 4 - B

Form 4 - B

#### DECLARATION OF RECOMMENDER FOR BELIZE PASSPORT APPLICATION FOR PARENTS APPLYING FOR PERSONS UNDER 16 YEARS APPLICANTS

[Regulation 7(1)]

I, (Mr., Mrs., Miss) Mark Layton Hines of #5 George Price Ave, Santa Elena Cayo District and

currently employed as TEACHER hereby declare/certify that I have been acquainted with the applicant (Mr., Mrs, Miss) Eye Carole Smith for the past 15 through (Specify relationship) FORNIE HIGH SCHOOL STUDENT

*Printed Name of the Minister of the House of Representatives, Chief Executive Officer of an Ministry of the Government, Head of Department of an Department of the Government of Belize or Licensed Teacher*  
and that the information provided in his/her Belize passport application is true and correct to the best of my knowledge, information and belief.

Signature of Recommender Eye Carole Smith  
Date 03 / 02 / 2016  
Tel Office/Work 824 2863  
Mobile 670-0025  
Email eyetms@proton.com

Official Stamp/Seal  
CY-1991-00123  
Eben High School  
Licensed Teacher Number  
School Name



## Passport Application Children below the age of 16

Full name of child must correspond to the name stated on the Child's Birth Certificate

Full name of parent as appears on Child's Birth Certificate and parent's photo ID

Full name of guardian as appears on legal guardian document and photo ID

**I certify that this is a true likeness of "name of applicant" -signature of recommender -**