

## REGISTRATION OF BUSINESS NAMES ACT, 1962 (ACT 151)

**FORM A**

## REGISTRATION OF BUSINESS NAME - SOLE PROPRIETORSHIP(Sections 2)

**SOLE PROPRIETORSHIP**

FILL ALL FORMS IN BLOCK LETTERS, AND LEAVE SPACES IN BETWEEN WORDS

PLEASE WRITE ALL WORDS WITH NO ABBREVIATIONS

**OFFICE OF THE REGISTRAR OF COMPANIES**

ALL FIELDS MARKED WITH AN ASTERISK (\*) INDICATES A MANDATORY FIELD

**A fee is payable on presentation of this form. Please see the fees on our website [www.rgd.gov.gh](http://www.rgd.gov.gh)**

Read the instructions before completing the Form. Incomplete applications or invalid data may delay the registration process

**(A)**

[illegible]

(B)

**Nature of Business/Sector(s)\***

Legal	Estate/Housing	Media	Transport/Aerospace	Choose your sector by ticking the box next to it. Specify sector(s). If your sector is not listed, write your sector in the space provided for “others”.
Utilities	Education	Shipping & Port	Estate/Housing	
Tourism	Quarry / Mining	Hospitality	Fashion/Beautification	
Insurance	Entertainment	Health Care	Refinery of Minerals	
Agriculture	Food Industry	Securities/Brokers	Others( <i>Please Specify</i> )	
Oil and Gas	Manufacturing	Commerce/ Trading		
Construction	Pharmaceutical	Banking and Finance		
Telecom/ICT	Security	Sanitation		

(C)

## Principal Business Activities\*

Select the International Standard Industrial Classification (ISIC) code number(s) for the principal activity and other activities

<i>ISIC code 1</i>																					economic or business activities so that establishments could be classified based on the activity they carry out. A detailed list of ISIC or Classification Codes can be found on our website at <a href="http://www.rgd.gov.gh">www.rgd.gov.gh</a>
<i>ISIC code 2</i>																					
<i>ISIC code 3</i>																					
If you cannot determine a code, please give a brief description of the company's business activities below																					
<i>Date of Commencement</i>		D	D	M	M	Y	Y	Y	Y												

### Business Address Information

(D)

**Registered Office Address**[illegible]

Ownership of Premises	<b>Rented</b>				<b>Owner Occupied</b>				<b>Free Use</b>				
If Owner Occupied is it part rented?	<b>Yes</b>				<b>No</b>								
If Yes provide details of Landlord													
Landlords Name													
<b>(E)</b>	<b>Principal Place of Business</b>												
<b>Is the Principal place of Business the same as the Registered Office Address?</b>													
If Yes (Tick the box and proceed with other Place of Business)					If No (Provide Details)								
Digital Address*													
House/Building/Flat (Name or House No.)/LMB*													
Street Name*													
City*													
District*													
Region*													
<b>(F)</b>	<b>Other Place of Business</b>												
Digital Address													
House/Building/Flat (Name or House No.)/LMB													
Street Name													
City													
District													
Region													
<b>(G)</b>	<b>Postal Address</b>												
C/O													
Type*	<b>P O BOX</b>			<b>PMB</b>			<b>DTD</b>						
Number*													
Town*													
Region*													
<b>(H)</b>	<b>Contact</b>												
Phone No 1*													
Phone No 2													
Mobile No 1*													
Mobile No 2													
Fax													
Email Address*													
Website													
<b>(I)</b>	<b>Proprietor / Proprietress</b>												
Title	<b>Mr</b>		<b>Mrs</b>		<b>Miss</b>		<b>Ms</b>		<b>Dr</b>				
First Name*													
Middle Name*													
Last Name*													
Any Former Name*													
Gender*	<b>Male</b>			<b>Female</b>									
Date of Birth*	D	D	M	M	Y	Y	Y	Y					
Nationality*													
Occupation*													
Mobile No 1*													
Mobile No 2													
Fax													

Businesses that have multiple operational locations must complete this section. Supplementary sheets can be found on our website [www.rgd.gov.gh](http://www.rgd.gov.gh)

Please tick either Post Office Box (P O BOX), Private Mail Bag (PMB) or Door to Door (DTD) and provide details as applicable.

Applicants are to provide at least, one mobile phone number and an email address.

This is to assist the Registrar of Companies send out notices.

Email Address*																																																									
TIN*																																																									
Ghana Card(National Identity Card)*					<b>GHA -</b>																																																				
Without TIN	<b>Fill the GRA TIN Form attached</b>																																																								
<b>(J)</b>	<b>Residential Address of Proprietor or Proprietress</b>																																																								
Digital Address*																																																									
House/Building/Flat*																																																									
(Name or House No.)/LMB																																																									
Street Name*																																																									
City*																																																									
District*																																																									
Region*																																																									
Country*																																																									
<b>(K)</b>	<b>MSME Details</b>																			This is to determine the size of the Business i.e. small scale business, medium scale business or large scale business																																					
Revenue Envisaged*																																																									
No. of Employees Envisaged*																																																									
<b>(L)</b>	<b>Business Operating Permit (BOP) Request</b>																																																								
Apply for BOP Now																				Apply for BOP Later																			Already have a BOP																		
Provide BOP Reference No.																																																									
<b>(M)</b>	<b>DECLARATION</b>																																																								
<p>I, .....  <b>(Full name of Applicant)</b></p> <p>.....  <b>Signature</b></p>																				<p><b>Declare that the information given above is correct and complete.</b></p> <p>.....  <b>Date (d d / m m / y y y y)</b></p>																																					
<b>PLEASE FILL WHERE APPLICANT CANNOT READ OR WRITE</b>																																																									
<p>N/B: I.....of  (address)..... hereby  declare that I have read over the contents of this document to the applicant in  the.....  language and he/she appeared to understand some before  thumb printing.</p> <p>.....  <b>Signature</b></p> <p>.....  <b>Date (d d / m m / y y y y)</b></p>																			<p><b>THUMB PRINT</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>																																						
<b>(N) For Office Use Only</b>																																																									
Date of Submission of Document*																																																									
Name of Company Inspector*																																																									
Filing Date*																																																									
Signature*	.....																																																								

Important Information				
MSME Classification in Ghana				
Business Name Category	Employment Size(Permanent staff)	Turnover	Assets	
Micro	1-5	≤US \$25,000	≤US \$25,000	
Small	6-30	US\$25,001 - US\$1,000,000	US\$25,001 - US\$1,000,000	
Medium	31-100	US\$1,000,001 – US\$3,000,000	US\$1,000,001 – US\$3,000,000	
Business Names will be categorized as MSME based on employment size and any other variable.) All amount in USD should be converted into Ghana cedis at Prevailing Bank rate				
Privacy Notice				
<b>Collection of Information:</b> We collect personal identifiable information, like names, postal addresses, email addresses, etc., when voluntarily submitted by our customers. The information provided is used to fulfill your specific request. <b>Distribution of Information:</b> This would be done as permitted or required by law / Companies Act 2019 (Act 992) <b>Commitment to Data Security:</b> Your personal identifiable information is kept secure. Only authorized employees, agents and contractors who have agreed to keep information secure and confidential have access to this information.				
Change Notice				
Every Proprietor/Proprietress is required to furnish the Registrar with any change after incorporation e.g. Change of Business Name, Change of Address, Change Nature of Business etc.				
Annual Renewal				
BUY or Download Business Renewal Form Fee of 25GHC for a year				
Check List (✓)				
Please make sure you have complied with the following				
The document has been signed at all indicated places				
Filled TIN Form(s), if any				
Provided Digital Address and Email Address				