

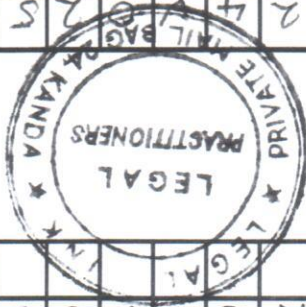


THE COMPANIES (AMENDMENT) ACT, 2012 (ACT 835)
RE-REGISTRATION FORM
RETURNS OF PARTICULARS OF THE COMPANY LIMITED BY SHARES
UNDER SECTION 27(1) OF THE COMPANIES ACT ON INCORPORATION
Pursuant To Section 27(1) Section 335 A (1)(C)



INSTRUCTIONS: COMPLETE FORM WITH BLACK INK AND IN BLOCK LETTERS
PLEASE SPELL OUT ALL WORDS –NO ABBREVIATIONS
***INDICATES MANDATORY FIELD**

(A)																										
*Old Registration No:	C	A	-	1	5	9																				
*Old TIN:	6	2	4	V	0	2	0	1	2	6																
*Current Tax Office:	0	S	U																							
*Old Date of Incorporation:	1	2	1	2	0	6	dd /mm / yy																			
*Old Date of Commencement of Business:	1	4	1	2	0	6	dd /mm / yy																			
*Company Name:	O	A	K	P	A	L	M	L	I	M	I	T	E	D												
*Presented by:	S	E	C	R	E	T	A	R	Y																	
To the Registrar of Companies																										
General Nature of Business (ISIC) Classification:	Mining/Oil and Gas												Manufacturing													
	Finance/Insurance/Real Estate												Commerce													
	<input checked="" type="checkbox"/> Service												Construction/Civil Engineering													
	Farming/Fisheries												Transportation													
	Health/Pharmacy												Others													
	Information Communication Technology (ICT)																									
Principal Activity:	J	A	M	I	T	O	R	I	A	L	S	E	R	V	I	C	E	S								
	P	E	S	T		C	O	N	T	R	O	L														
	G	E	N	E	R	A	L		B	U	S	I	N	E	S	S										
ISIC Code:																										
(B) Business Address Information																										
Registered Office Address																										
*House/Building/Flat (Name or House No. etc.) /LMB:	H	M	O	.	4	1																				
*Street:	S	T	H		A	V	E	N	U	E																
	R	I	D	G	E																					
*City:	A	C	C	R	A																					
*District:	A	C	C	R	A		M	E	T	R	O	P	O	L	I	T	A	N								

*House/Building/Flat (Name or House No. etc.) /LMB:										12 E 1 N 2 4 H O U S E									
PMB/DTD:																			
Auditor's Firm Address:										A N 7 9 8 0 A C C R A N O R T H									
Auditor's Firm Name:										P S A A S S O C I A T E S									
TIN:										P 0 0 6 1 8 7 9 4 7 2									
Particulars of Auditor's of the Company																			
*Signature (Corporate Representative)										D. Issa M. L.									
TIN of Representative:										C 0 0 0 4 6 7 5 7 7 0									
*Name of Person Representing the Corporate:										D A N I 4 A L A B D U L - K A R I M									
*Corporate TIN:										8 2 4 2 5 4 9 9									
*Corporate Stamp:																			
*Corporate Address:										H H O . E 8 9 - 7 - E M M A U S R O A D									
*Corporate Name:										L E G A L I N K									
IN CASE A CORPORATE BODY ACTING AS A SECRETARY																			
*Corporate Address:										H H O . E 8 9 - 7 - E M M A U S R O A D									
H/No. LMB										O F F . 2 N D . L A B O N E S T R E E T									
P.O.Box/DTD/PMB										L A B O N E - A C C R A									
*Corporate Stamp:																			
TIN of Representative:																			
*Signature (Corporate Representative)																			
Business Occupation:																			
Region:																			
District:																			
City:																			
Street:																			
*House/Building/Flat (Name or House No. etc.) /LMB:																			

(N)	Secretary's Signature
(Name)	LEGAL INTL
(Signature)	J. S. M. C.
NOTE Please attach the following documents:	
(i) Copies of Certificate of Incorporation and Certificate to commence Business .	
(ii) Copies of Form 3, Form 4 and Regulations (if any)	
(iii) Evidence of up to date renewal receipts/ Annual Return Forms of the Company	
(iv) Copies of Certified true copy Forms of all current changes made in the company confirming the current officers and shareholders of the Company. For example Form 17, Special Resolution etc	
(o)	SME Details
No. Of Employees Envisaged:	
Revenue Envisaged:	
For Office Use Only	
Document Registration Date:	dd/mm/yyyy
Registration Number Allocated:	
Office Description:	

Particulars of other Directorships:										*Director 2:									
TIN: 20605124336										Present Name:									
First Name: DALORA										Middle Name:									
Surname: LAING										Age: 44 Years									
Any Former Forename/Surname:										Nationality: GHANAIAN									
Residential Address										*House/Building/Flat (Name or House No. etc.)/LMB: 16 HARTSC									
Street: LION STREET										City:									
District: EAST MUNICIPAL										Region: GREATER ACCRA REGION									
Business Occupation: HOUSEWIFE										Particulars of other Directorships:									
(H)										Particulars of Secretary									
TIN:										Present Name:									
First Name:										Middle Name:									
Surname:										Age: Years									
Any Former Forename/Surname:										Nationality:									

(C)										Principal Place of Business									
*House/Building/Flat (Name or House No. etc.) / LMB:					F319/14 O&A Wyndham Estate														
*Street:					OSU CRESS CENT														
*City:					OSU														
*District:					LA DADDE KOTOPONG														
*Region:					GREATER ACCRA REGION														
(D)										Other Business Place(s)									
Address 1:																			
*House/Building/Flat (Name or House No. etc.) / LMB:																			
*Street:																			
*City:																			
P.O. Box :																			
PMD/DTD:																			
*District:																			
*Region:																			
Address 2:																			
*House/Building/Flat (Name or House No. etc.) / LMB:																			
*Street:																			
*City:																			
P.O. Box :																			
PMD/DTD:																			
*District:																			
*Region:																			
(E)										Postal Address									
Address 1:																			
*House/Building/Flat (Name or House No. etc.) / LMB:																			
*Street:																			
*City:																			
P.O. Box :																			
PMD/DTD:																			
*District:																			
*Region:																			
C/O:																			