



SOCIAL SECURITY AND NATIONAL INSURANCE TRUST  
NATIONAL PENSIONS ACT, 2008 (ACT 766)

Nº 0948663

**CLEARANCE CERTIFICATE**

ISSUING BRANCH OFFICE **KOKOMLEMLE** DATE OF ISSUE **4<sup>TH</sup> DECEMBER, 2017**

NAME OF ESTABLISHMENT: **COSMI GHANA LIMITED.**

ER. NO: **201710950** NATURE OF BUSINESS: **ENGINEERING & CONSTRUCTION.**

BUSINESS REG. NO. **CS180482017** IRS TIN **C0008729352**

ADDRESS: **P. O. BOX 01808, OSU-ACCRA.**

LOCATION OF ESTABLISHMENT: **OSU, ACCRA.**

TEL NO: **0241773174** MOBILE PHONE NO: **0241773174**

(Establishment) **1<sup>ST</sup> NOVEMBER, 2017.** (Contact Person)

COVERABLE DATE:

The above-named Establishment in compliance with the provisions under the NATIONAL PENSIONS ACT, 2008 (Act 766) has applied for a Clearance Certificate for the following purpose(s):

**TO APPLY FOR CERTIFICATION FROM PETROLEUM COMMISSION.**

**4<sup>TH</sup> DECEMBER, 2017**

I Certify that as at ..... This Establishment

**THREE (3) WORKERS.** (Date of Issue)

Employing ..... has: **NOVEMBER, 2017**

(Number of Workers)

a. paid all Social Security Contributions (including penalties) up to :

b. submitted all Contribution Reports and fulfilled all other obligations under Act 766

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c. made satisfactory arrangements to fulfill its obligations under Act 766

**THIRD JANUARY**

I therefore issue this certificate which expires on:

**TWO THOUSAND AND EIGHTEEN (03/01/2018)**

**FESTUS DARKO-PRERO**

for: **DIRECTOR GENERAL**

**N.B:** Any alteration or falsification of this document is a crime and offender(s) **SHALL** be prosecuted