

# APPLICATION TO REGISTER A COMPANY WITH SHARES

THE COMPANIES ACT, 2019 (ACT 992)



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

PLEASE WRITE ALL WORDS WITH NO ABBREVIATIONS

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

**FORM 3**

**Private Limited**

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

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

(A)	Registered Constitution	<input type="checkbox"/>
	Standard Constitution	<input checked="" type="checkbox"/>

Tick Registered Constitution if the company has its own Constitution. If not, Tick Standard Constitution as in schedule 2 of Act 992.

Company Name*										
	NTIKORA ROYAL REAL ESTATE LIMITED									

Name should not be duplicated, similar, misleading or undesirable. The Registrar of Companies shall have the final approval regarding the name which is eventually submitted for registration. Section 21(2) of Act 992. A list of registered names can be found on our portal [www.rgdeservices.com](http://www.rgdeservices.com)

Ending With*	LTD	LIMITED COMPANY	<input checked="" type="checkbox"/>						
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Tick Applicable Ending

Presented By*	QUAYNOR EMMANUEL TETTEH									
	TIN* P0061596876									

Full name and TIN of the natural person or legal entity submitting documents to the Registrar of Companies

<b>(B) Sector(s)*</b>				
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		

<b>(C) Principal Business Activities</b>				
Select the International Standard Industrial Classification (ISIC) code number(s) for the principal activity and other activities				

ISIC or classification code is a standard classification for 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 [www.orc.gov.gh](http://www.orc.gov.gh)

ISIC code 1										
ISIC code 2										
ISIC code 3										
ISIC code 4										

If you cannot determine a code, please give a brief description of the company's business activities

<b>(D) Nature of Business of the Company</b>										
REAL ESTATE DEVELOPMENT, TRADING IN LANDS										

Specialized institutions for example Banks, Insurance and Security companies are required to state their objects here.

All other applicants who wish to indicate their objects can also state same in this column

<b>(E) Registered Office Address</b>										
Digital Address*	GT-308-6274									Per section 13 (2) (d) of Act 992 every Company must have a Registered Office and this is the address to which the Registrar of Companies may send correspondence.
House/Building/Flat* (Name or House No.)/LMB	ADJACENT TO DEEPER LIFE CHURCH CF 197 TEMA COMMUNITY 23									
Street Name*	YAM STREET									
City*	TEMA METRO									
District*	TEMA WEST									
Region*	GREATER ACCRA									
<b>(F) Principal Place of Business</b>										
<b>Is the Principal place of Business the same as the Registered Office Address?</b>										
<b>If Yes</b> (Tick the box and proceed with other Place of Busi	<input checked="" type="checkbox"/> <b>If No</b> (Provide Details)									
Digital Address*										
House/Building/Flat (Name or House No.)/LMB*										
Street Name*										
City*										
District*										
Region*										
<b>(G) Other Place of Business</b>										
Digital Address										Companies that have multiple operational locations must complete this section. Supplementary sheets can be found on our website <a href="http://www.orc.gov.gh">www.orc.gov.gh</a>
House/Building/Flat (Name or House No.)/LMB										
Street Name										
City										
District										
Region										
<b>(H) Address at which Register of Members will be kept and maintained (if elsewhere than at the Registered Office)</b>										
Digital Address*										A Register of Members is a register that contains the names and addresses of members of an incorporated Company. It is required that every company keeps and maintains a Register of its Members at a location in the country.
House/Building/Flat (Name or House No.)/LMB*										
Street Name*										
City*										
District*										
Region*										
<b>Postal Address</b>										
C/O										Please tick either Post Office Box (P O BOX), Private Mail Bag (PMB) or Door to Door (DTD) and provide details as applicable.
Type*	P.O. BOX	<input checked="" type="checkbox"/>	PMB	DTD						
Number*	1850									
Town*	KOFORIDUA									
Region*	EASTERN									
<b>(I) Contact of the Company</b>										
Phone No 1*	053399223									Applicants are to provide at least, one mobile phone number and an email address. This is to assist the Registrar of Companies to communicate to the company
Phone No 2	0552142153									
Mobile No 1*										
Mobile No 2										

Fax						
Email Address*	EQUAYNOR744@GMAIL.COM					
Website						
<b>(I) Particulars of Directors of the Company</b>						
<b>Director 1</b>	<b>Statutory Declaration &amp; Consent Letter</b>					
A person shall not be appointed a director if						
i. That person within the preceding five years of the application for incorporation has been a director or senior manager of a Company that has become insolvent.						
Tick applicable	<b>Yes</b>	<b>No</b>	<input checked="" type="checkbox"/>	Directors should be at least 18 years and above.		
ii. Convicted of a criminal offence involving fraud or dishonesty						
Tick applicable	<b>Yes</b>	<b>No</b>	<input checked="" type="checkbox"/>	Directors are to attach a statutory declaration and consent letter as stated in section 172 (2) of Act 992.		
iii. Convicted of a criminal offence relating to the promotion, incorporation or management of a company that has become insolvent.						
Tick applicable	<b>Yes</b>	<b>No</b>	<input checked="" type="checkbox"/>	If you tick "yes" to any of the Statutory Declarations, provide details that qualifies you to be a director. Attach supporting documents		
A Company shall have at least two directors of which one should be resident in Ghana.						
<i>Statutory Declaration Form*</i>	<input checked="" type="checkbox"/> <i>Consent Letter*</i>					
<b>Title</b>	<b>Mr</b>	<input checked="" type="checkbox"/>	<b>Mrs</b>	<b>Miss</b>	<b>Ms</b>	<b>Dr</b>
<i>First Name*</i>	EMMANUEL					
<i>Middle Name</i>	QUAYNOR					
<i>Last Name*</i>	TETTEH					
<i>Any Former Name</i>						
<i>Gender*</i>	<b>Male</b>	<input checked="" type="checkbox"/>	<b>Female</b>			
<i>Date of Birth*</i>	26/11/1972					
<i>Place of Birth*</i>	TEMA					
<i>Nationality*</i>	GHANAIAN					
<i>Occupation*</i>	TRADER					
<i>Mobile No 1*</i>	0552142154					
<i>Mobile No 2</i>						
<i>Fax</i>						
<i>Email Address*</i>	EQUAYNOR744@GMAIL.COM					
<i>TIN*</i>	P0061596876					
<i>Ghana Card(National Identity Card)*</i>	GHA-002008520-9					
<i>Without TIN</i>	<b>Fill the GRA TIN Form attached</b>					
<b>Residential Address</b>						
<i>Digital Address*</i>	GT-308-6274					
<i>House/Building/Flat*</i> <i>(Name or House No.)/LMB</i>	ADJACENT TO DEEPER LIFE CHURCH CF 197 TEMA COMMUNITY 23					
<i>Street Name*</i>	YAM STREET					
<i>City*</i>	TEMA METRO					
<i>District*</i>	TEMA WEST					
<i>Region*</i>	GREATER ACCRA					
<i>Country*</i>	GHANA					
<b>Occupational Address</b>						
<i>Digital Address*</i>						
<i>House/Building/Flat*</i> <i>(Name or House No.)/LMB</i>						
<i>Street Name*</i>						
<i>City*</i>						
<i>District*</i>						

SAME AS ABOVE

<i>Region*</i>							
<i>Country*</i>							
<i>Particulars of other Directorships*</i>							
List the names of other Companies for which you serve as director							
<i>Director's Signature*</i>	.....						

<b>(K)</b>										
<b>Director2</b>	<b>Statutory Declaration &amp; Consent Letter</b>									
A person shall not be appointed a director if										
i. That person within the preceding five years of the application for incorporation has been a director or senior manager of a Company that has become insolvent										
Tick applicable	<b>Yes</b>	<b>No</b>	<input checked="" type="checkbox"/>							
ii. Convicted of a criminal offence involving fraud or dishonesty										
Tick applicable	Yes	No	<input checked="" type="checkbox"/>							
iii. Convicted of a criminal offence relating to the promotion, incorporation or management of a company that has become insolvent										
Tick applicable	<b>Yes</b>	<b>No</b>	<input checked="" type="checkbox"/>							
<i>Statutory Declaration Form*</i>	<input checked="" type="checkbox"/>	<i>Consent Letter*</i>								
<i>Title</i>	<b>Mr</b>	<input checked="" type="checkbox"/>	<b>Mrs</b>		<b>Miss</b>		<b>Ms</b>		<b>Dr</b>	
<i>First Name*</i>	GODFRED									
<i>Middle Name</i>	QUAYNOR QUAYTEY									
<i>Last Name*</i>	TETTEH									
<i>Any Former Name</i>										
<i>Gender*</i>	<b>Male</b>	<input checked="" type="checkbox"/>	<b>Female</b>							
<i>Date of Birth*</i>	24/01/2006									
<i>Place of Birth*</i>	TEMA									
<i>Nationality*</i>	GHANAIAN									
<i>Occupation*</i>	STUDENT									
<i>Mobile No 1*</i>	0533999223									
<i>Mobile No 2</i>										
<i>Fax</i>										
<i>Email Address*</i>	EQUAYNOR744@GMAIL.COM									
<i>TIN*</i>	P0066449316									
<i>Ghana Card(National Identity Card)*</i>	GHA-726806435-3									
<i>Without TIN</i>	<b>Fill the GRA TIN Form attached</b>									
<b>Residential Address</b>										
<i>Digital Address*</i>	GT-308-6274									
<i>House/Building/Flat*</i>	ADJACENT TO DEEPER LIFE CHURCH									
<i>(Name or House No.)/LMB</i>	CF 197					TEMA COMMUNITY 23				
<i>Street Name*</i>	YAM STREET									
<i>City*</i>	TEMA METRO									
<i>District*</i>	TEMA WEST									
<i>Region*</i>	GREATER ACCRA									
<i>Country*</i>	GHANA									
<b>Occupational Address</b>										
<i>Digital Address*</i>										

House/Building/Flat*	
(Name or House No.)/LMB	
Street Name*	
City*	
District*	
Region*	
Country*	
Particulars of other Directorships*	
Director's Signature *	.....

SAME AS ABOVE

(L) Particulars of Company Secretary						
Professional qualification						
Tertiary level qualification						
Company Secretary Trainee						
Barrister or Solicitor in the Republic						
Institute of Chartered Accountants						
Under the supervision of a qualified Company Secretary						
Institute of Chartered Secretaries and Administrators						
By virtue of an academic qualification, member of a professional body, appears to the directors as capable of performing the functions of Secretary of the						
Consent Letter*						
Title	Mr	<input checked="" type="checkbox"/>	Mrs	Miss	Ms	Dr
First Name*	EMMANUEL					
Middle Name	QUAYNOR					
Last Name*	TETTEH					
Any Former Name						
TIN*	P0061596876					
Ghana Card(National Identity Card)*	GHA-002008520-9					
Without TIN	Fill the GRA TIN Form attached					
Gender*	Male	<input checked="" type="checkbox"/>	Female			
Date of Birth*	26/11/1972					
Place of Birth*	TEMA					
Nationality*	GHANAIAN					
Occupation*	TRADER					
Mobile No 1*	0552142154					
Mobile No 2						
Fax						
Email Address*	EQUAYNOR744@GMAIL.COM					
Residential Address						
Digital Address*	GT-308-6274					
House/Building/Flat*	ADJACENT TO DEEPER LIFE CHURCH					
(Name or House No.)/LMB	CF 197	TEMA COMMUNITY 23				
Street Name*	YAM STREET					
City*	TEMA METRO					
District*	TEMA WEST					
Region*	GREATER ACCRA					

Tick the applicable qualification(s)  
Attach Consent Letter  
Reference to Section 211 (1) and (3) of Act 992

This address when provided will not appear on public record, unlike that of the Company.

Applicants are to ensure that the digital address provided matches with the residential address provided.

Provide your current workplace address.

Country*	GHANA											
Email Address*												
Signature*	.....											
<b>(M) In Case the Company Secretary is a Body Corporate</b>												
Corporate Name*											The Corporate Body must have as one of its subscribers or operating officers a person who qualifies to be a Company Secretary.	
Corporate TIN*											The Corporate Representative must hold at least one of the qualification(s) of secretary stated above Reference to section 211 (2) Act 992	
Digital Address*												
Corporate Address												
H/No. LMB*												
P.O. Box/DTD/PMB*												
Name of Person Representing the Corporate Secretary*												
TIN of Representative*												
Ghana Card(National Identity Card)*	GHA -											
Signature(Corporate Representative)*	.....											
Corporate Stamp*	.....											
<b>Attested by</b>												
Director*	TIN*											For authentication purposes, two officers of the company are to sign their signatures together with a seal or stamp of the company  Reference to section 150 (1) (D) (i) Act 992
Ghana Card(National Identity Card)*	GHA -											
Name *												
Signature*	.....											
Secretary*	TIN*											
Ghana Card(National Identity Card)*	GHA -											
Name *												
Signature*	.....											
<b>Or in the Alternative</b>												
Director*	TIN*											In the absence of a stamp or a seal of the company, the signature of two directors and a Company Secretary are needed for authentication purposes  Reference to section 150 (1) (D)(ii ) of Act 992
Ghana Card(National Identity Card)*	GHA -											
Name *												
Signature*	.....											
Director*	TIN*											
Ghana Card(National Identity Card)*	GHA -											
Name *												
Signature*	.....											



<i>Preference Shares (Unpaid)</i>	<b>GHC</b>												
<i>Preference Shares(Due)</i>	<b>GHC</b>												

**(P) Address and Description of Subscriber - Individual**

**This Section Must Be Filled with or Without a Registered Constitution**

I/We the undersigned are desirous of forming an incorporated Company in pursuance of this Constitution and we respectively agree to take the number of shares in the Company set opposite our respective names and to pay therefor in cash the consideration respectively stated

<b>Subscriber 1</b>	<b>Mr</b>	<input checked="" type="checkbox"/>	<b>Mrs</b>		<b>Miss</b>		<b>Ms</b>		<b>Dr</b>				
<i>First Name*</i>	EMMANUEL												
<i>Middle Name</i>	QUAYNOR												
<i>Last Name*</i>	TETTEH												
<i>Any Former Name</i>													
<i>TIN*</i>	P0061596876												
<i>Ghana Card(National Identity Card)*</i>	GHA-002008520-9												
<i>Without TIN</i>	<b>Fill the GRA TIN Form attached</b>												
<i>Gender*</i>	<b>Male</b>	<input checked="" type="checkbox"/>	<b>Female</b>										
<i>Date of Birth*</i>	26/11/1972												
<i>Place of Birth*</i>	TEMA												
<i>Nationality*</i>	GHANAIAN												
<i>Occupation*</i>	TRADER												
<i>Digital Address*</i>	GT-308-6274												
<i>Address*</i>	ADJACENT TO DEEPER LIFE CHURCH CF 197 TEMA COMMUNITY 23												
<i>No. of Shares to be Taken*</i>	5,000												
<i>Consideration Payable in Cash*</i>	<b>GHC 5,000.00</b>												
<i>Signature*</i>	.....												

**(Q) Address and Description of Subscriber - Individual**

<b>Subscriber 2</b>	<b>Mr</b>	<input checked="" type="checkbox"/>	<b>Mrs</b>		<b>Miss</b>		<b>Ms</b>		<b>Dr</b>				
<i>First Name*</i>	GODFRED												
<i>Middle Name</i>	QUAYNOR QUAYTEY												
<i>Last Name*</i>	TETTEH												
<i>Any Former Name</i>													
<i>TIN*</i>	P0066449316												
<i>Ghana Card(National Identity Card)*</i>	GHA-726806435-3												
<i>Without TIN</i>	<b>Fill the GRA TIN Form attached</b>												
<i>Gender*</i>	<b>Male</b>	<input checked="" type="checkbox"/>	<b>Female</b>										
<i>Date of Birth*</i>	24/01/2006												
<i>Place of Birth*</i>	TEMA												
<i>Nationality*</i>	GHANAIAN												
<i>Occupation*</i>	STUDENT												
<i>Digital Address*</i>	GT-308-6274												
<i>Address*</i>	ADJACENT TO DEEPER LIFE      CF 197 TEMA COMMUNITY 23												
<i>No. of Shares to be Taken*</i>	5,000												
<i>Consideration Payable in Cash*</i>	<b>GHC 5,000.00</b>												
<i>Signature*</i>	.....												

A subscriber is somebody who agrees to become a member of the company by the taking up shares at the inception of the company

The application for incorporation shall be made by a person:

- a. Signing a duly completed application for incorporation form
- or
- b. signing a duly completed application for incorporation to this form and the constitution of the proposed company ( where a registered constitution is preferred)

If there are more than two subscribers, additional subscriber forms shall be obtained from our website at [www.orc.gov.gh](http://www.orc.gov.gh)

**In Case the Subscriber is a Body Corporate**

<b>Corporate Name*</b>												If there are more than one Corporate Subscribers, additional corporate subscribers' forms shall be obtained from our website at <a href="http://www.orc.gov.gh">www.orc.gov.gh</a>	
<b>Corporate TIN*</b>													
<b>Digital Address*</b>													
<b>Corporate Address*</b>													
<i>H/No. LMB</i>													
<b>P.O. Box/DTD/PMB*</b>													
<b>No. of Shares to be Taken*</b>													
<b>Consideration Payable in Cash*</b>		<b>GHC</b>											
<b>Name of Person Representing the Corporate Subscriber*</b>													
<b>TIN of Representative*</b>													
<b>Signature (Corporate Representative)*</b>		.....											
<b>Corporate Stamp*</b>		.....											
<b>Attested by</b>												For authentication purposes, two officers of the company are to sign their signatures together with a seal or stamp of the company	
<b>Director*</b>	<b>TIN</b>												
<i>Ghana Card(National Identity Card)*</i>		<b>GHA -</b>											
<b>Name*</b>													
<b>Signature*</b>		.....											
<b>Secretary*</b>	<b>TIN</b>												
<i>Ghana Card(National Identity Card)*</i>		<b>GHA -</b>											
<b>Name*</b>													
<b>Signature*</b>		.....											
<b>Or in the Alternative</b>												In the absence of a stamp or a seal of the company, the signature of two directors and a company secretary are needed for authentication purposes	
<b>Director*</b>	<b>TIN</b>												
<i>Ghana Card(National Identity Card)*</i>		<b>GHA -</b>											
<b>Name*</b>													
<b>Signature*</b>		.....											
<b>Director*</b>	<b>TIN</b>												
<i>Ghana Card(National Identity Card)*</i>		<b>GHA -</b>											
<b>Name*</b>													
<b>Signature*</b>		.....											
<b>Secretary*</b>	<b>TIN</b>												
<i>Ghana Card(National Identity Card)*</i>		<b>GHA -</b>											
<b>Name*</b>													
<b>Signature*</b>		.....											

Name*												
Signature*	.....											
<b>(S) Shares In Trust for Minor(s)</b>												
	<b>Address and Description of Trustee - Individual</b>										Individual or Corporate Bodies that may be holding shares for minors	
TIN*												
Ghana Card(National Identity Card)*	<b>GHA -</b>											
Trustee*	Mr	Mrs	Miss	Ms	Dr							
First Name*												
Middle Name												
Any Former Name												
Last Name*												
Nationality*												
Occupation*												
Digital Address*												
Address*												
Declaration*	That I/we hold the Share(s) and all dividends and interests accrued or to accrue on trust for the Owner and I/we undertake to transfer and deal, in all respects, and to pay the Share and any dividends, interest and other benefits thereon and accretions thereto in such manner as the Owner shall from time to time direct.											
No. of Shares to be Taken*												
Consideration Payable in Cash	<b>GHC</b>											
Name (Minor)*												
Date of Birth*	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>				
Identification Type(ID)												
ID Reference Number												
Signature(Trustee)*	.....											
<b>(T) In Case the Trustee is a Body Corporate</b>												
Corporate Name*												
Corporate TIN*												
Corporate Address*												
H/No. LMB												
P.O. Box/DTD/PMB*												
Corporate Stamp*	.....										For authentication purposes, two officers of the company are to sign their signatures together with a seal or stamp of the company	
<b>Attested by</b>												
Director*	<b>TIN</b>											
Ghana Card(National Identity Card)*	<b>GHA -</b>											
Name*												
Signature*	.....											

<b>Secretary*</b>	<b>TIN</b>											
<i>Ghana Card(National Identity Card)*</i>			<b>GHA -</b>									
<b>Name*</b>												
<b>Signature*</b>	.....											
<b>Or in the Alternative</b>												
<b>Director*</b>	<b>TIN</b>											
<i>Ghana Card(National Identity Card)*</i>			<b>GHA -</b>									
<b>Name*</b>												
<b>Signature*</b>	.....											
<b>Director*</b>	<b>TIN</b>											
<i>Ghana Card(National Identity Card)*</i>			<b>GHA -</b>									
<b>Name*</b>												
<b>Signature*</b>	.....											
<b>Secretary*</b>	<b>TIN</b>											
<i>Ghana Card(National Identity Card)*</i>			<b>GHA -</b>									
<b>Name*</b>												
<b>Signature*</b>	.....											
<b>Declaration*</b>	That the company holds the Share(s) and all dividends and interests accrued or to accrue on trust for the Owner and I/we undertake to transfer and deal, in all respects, and to pay the Share and any dividends, interest and other benefits thereon and accretions thereto in such manner as the Owner shall from time to time direct.											
<b>No. of Shares to be Taken*</b>												
<b>Consideration Payable in Cash*</b>	<b>GHC</b>											
<b>Name (Minor)*</b>												
<b>Date of Birth(Minor)*</b>	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>				
<b>Identification Type(ID)</b>												
<b>ID Reference Number</b>												
<b>(U) Witness to the above Signatures</b>												
<b>Date*</b>	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>				
<b>Full Name*</b>												
<b>Witness Signature*</b>	.....											
<b>Address*</b>												
<b>Occupation*</b>												
The form must be signed by all subscribers in the presence of a witness, who shall attest to the signing.												

<b>(V) Beneficial Owner(BO)</b>		Section 35 (14) and (15) of Act 992	
A beneficial owner (or owners) is the individual or natural person who owns, controls, has interest in, or exercises influence over the legal person (or arrangement) or receives substantial benefit from the applicant's activity. A beneficial owner is an individual and cannot be a company.			
<b>SANCTIONS:</b> Failure to disclose is an offence and will attract sanctions and penalties			
<b>Fill the BO Form attached /Download from website <a href="http://www.orc.gov.gh">www.orc.gov.gh</a></b>			
<b>(W)</b>	<b>MSME Details</b>		
Revenue Envisaged*	20000		
No. of Employees Envisaged*	5		
<b>(X)</b>	<b>Business Operating Permit (BOP) Request</b>		
Apply for BOP Now	Apply for BOP Later	<input checked="" type="checkbox"/> Already have a BOP	
Provide BOP Reference No.			
<b>Please fill where applicant (Director/Secretary/Subscriber/Trustee) cannot read or write</b>			
I..... of ..... to .....  .....  (Name of Person(s)) and the said person appeared to understand same before appending his / her thumbprint to same.		resident ..... have carefully read over the contents of this form in the ..... language  .....  THUMB PRINT	
<b>Signature of the Witness</b>			
<b>(Y)</b>	<b>For Office Use Only</b>		
Date of Submission of Document*			
Name of Company Inspector*			
Filing Date*			
Signature*	.....		
<b>Important Information</b>			
<b>MSME Classification in Ghana</b>			
Enterprise Category	Employment Size(Permanent s	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
(An enterprise 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			
<b>Privacy Notice</b>			
<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 company is required to furnish the Registrar with any change after incorporation e.g. Change of Company Name, Change of Address, Change of Director(s) / Secretary etc.

**Annual Return of a Company Incorporated**

All companies incorporated are to file mandatory Annual Returns after the first eighteen months together with Audited Financial Accounts and subsequently annually at a fee. Late/Non Filing attracts Penalties

**Check List (✓)**

Please make sure you have complied with the following	
The document has been signed at all indicated places	
Registered Constitution, if any	
Attach each Director's Consent Letter and Statutory Declaration	
Company Secretary has required qualification(s)	
Company Secretary has attached Consent Letter	
All supplementary Forms are attached, if any	
Filled BO Form(s) attached, if any	
Attached prospectus (for Public Companies only)	
Filled TIN Form(s), if any	
Ghana Card(National Identity Card)	

In accordance with the  
Companies Act 2019  
(Act 992)

BO 1

## Beneficial Ownership Declaration Form: Company Declaration



## **Registrar-General's Department**

**Please read the instructions and tick appropriately (refer to instructions)**

**Complete form in BLOCK letters – No Abbreviations**

<b>1. Purpose of Beneficial Ownership Information Submission (Please tick)</b>	<input checked="" type="checkbox"/> Registration of a new company <input type="checkbox"/> Submission of Annual Returns <input type="checkbox"/> Company Updates / Amendments <input type="checkbox"/> Other (Please specify): _____
--	---

## 2. Company Information

i. **Full legal name of Company:**  
NTIKORA ROYAL REAL ESTATE LIMITED

**ii. TIN of Company (if any):**

**iii. RGD number (if any):**

iv. **Country of incorporation:**  
GHANA

**3. Type of Company (*Please tick*)**

- Company Limited by Shares
- Company Limited by Guarantee
- Unlimited Company
- External Company

**4. Beneficial Owners (See instructions)**

**The above company has the following beneficial owners that meet the requirement to be disclosed:**

A **separate** beneficial owner form must be completed for **each** row above. The correct form in each case is shown here:

Form BO2

Form BO3

Form BO4

5. The above company has no reportable beneficial owners because (see instruction):

There are no natural persons, listed companies or government-owned companies that meet the definitions of a beneficial owner and the applicable reporting threshold, AND there are no natural persons, publicly listed companies, or government-owned companies with the right to exercise direct or indirect influence or control over the company as defined.

**Please read instructions before considering ticking this box**

## **ATTESTATION**

1. I, undersigned, for and on behalf of the reporting entity confirm that all information provided in the above beneficial ownership declaration is accurate and reliable.

GODFRED QUAYNOR QUAYTEY

GODFRE

(Signature)

DIRECTOR

Date (ddmmyyyy) 11/11/2025

2. I, undersigned, for and on behalf of the reporting entity confirm that all information provided in the above beneficial ownership declaration is accurate and reliable.

EMMANUEL QUAYNOR TETTEH

Name of Company Secretary\* \_\_\_\_\_ (Signature) \_\_\_\_\_

Position. SECRETARY \_\_\_\_\_

Date (ddmm/yyyy) 11/11/2025

\* In the case of an external company the local manager should sign.

#### OFFICIAL USE ONLY

To be completed by Registrar-General's Department

Name of Company Inspector \_\_\_\_\_ (Signature) \_\_\_\_\_

Date received (ddmmyyyy) 

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#### COMPLETION NOTES

##### BO1

###### Instructions

Complete all relevant sections in **BLOCK** letters. If any information to be included on the form, such as a person's name, is not originally in the Latin alphabet, please use a recognised transliteration into the Latin alphabet.

Spell out all words – *no abbreviations*.

###### What is this Form?

To enhance transparency in doing business in Ghana and adhere to Ghana's international obligations under the Financial Action Task Force (FATF), the Companies Act, 2019 (Act 992) requires the Office of the Registrar of Companies to obtain, verify, and record information about beneficial owners of companies, as defined under the Act.

This form collects information on the number and type of beneficial owners for each company incorporated or registered in the Republic of Ghana.

###### Who must complete this form?

This form must be completed by every company. As per Act 992, company includes public or private: (i) company limited by shares; (ii) company limited by guarantee; (iii) unlimited company; and (iv) an external company

###### Guidance for completing BO 1 form

###### Section 1

Please tick one box only.

If ticking "Other", please give details.

###### Section 2

*Box i.*

Give the full name of the company on whose behalf the form is completed.

*Box ii.*

Provide the company's TIN.

*Box iii*

Provide the company's RGD number where applicable.



**Part A – The Company**

<b>1. Purpose of Beneficial Ownership Information Submission (Please tick)</b>	<input checked="" type="checkbox"/>	Registration of a new company
	<input type="checkbox"/>	Submission of Annual Returns
	<input type="checkbox"/>	Company Update / Amendments
	<input type="checkbox"/>	Other (Please specify):

**2. Company Information**

i. Full legal name of Company: NTIKORA ROYAL REAL ESTATE LIMITED	ii. TIN of Company (if any):
iii. RGD number (if any):	iv. Country of incorporation: <b>GHANA</b>

**Part B – The Beneficial Owner**

**1. Beneficial Owners Particulars**

i. First or given name: EMMANUEL	ii. Family or surname: TETTEH
iii. Any previous name (e.g., maiden name): QUAYNOR	iv. Date of Birth (DD-MM-YYYY): 26/11/1972
v. Place of Birth: TEMA	vi. Nationality: GHANAIAN
vii. Residential Address (including street name, city, state, country, and: Postal/Zip code) CF 197, YAM STREET, TEMA METRO, GHANA	viii. Service Address (including street name, city, country, and: Postal/Zip code) CF 197, YAM STREET, TEMA METRO, GHANA
ix. Digital address (if applicable) (e.g. Ghana Post GPS): GT-308-6274	x. Tax Identification Number (TIN). (if applicable): P0061596876
xi. Telephone/Mobile Number: 0552142154	xii. Email address: EQUAYNOR744@GMAIL.COM
xiii. Primary ID Type (see instructions): <b>GHANA CARD</b>	xiv. Primary ID Number (please attach a copy of your ID): GHA-002008520-9
xv. ID Issuing Country/ State/Province: <b>GHANA</b>	xvi. Place of Work and Position Held: TEMA METRO, DIRECTOR & SECRETARY

2. Date BO Became  
Registerable

**11/11/2025**

**Part C – Politically Exposed Persons (PEP)**

i.	Is the individual named above a PEP, because of holding a position of importance or being a close relative or associate of a person holding a position of importance?		<input type="checkbox"/>	Yes, they are a domestic Ghanaian PEP		
			<input type="checkbox"/>	Yes, they are an international non-Ghanaian PEP		
			<input checked="" type="checkbox"/>	No (skip to Part D)		
ii.	Nature of Connection to office holder		In Person (skip to iii.)		Immediate Family of	Close Associate of
a)	First or given name of office holder:		b)	Family or surname of office holder:		
c)	Any previous name (e.g. maiden name) of office holder:		d)	Date of Birth of office holder (DD-MM-YYYY):		
		Head of State / Government		Senior Political Party Official	Government Official	Judicial Official

<i>iii.</i> <b>Reason for PEP Status (See instructions)</b>	Military Official	Executive of State-Owned Company	Important Political Party Official
<i>iv.</i> <b>Role title of this office holder and office/department</b>			

#### Part D - Nature of Interest

<b>1. Is the individual a direct or indirect shareholder in the company?</b>	No ( <i>skip to 2.</i> )	<input checked="" type="checkbox"/>	Yes – Direct	Yes – Indirect
	Effective percentage interest: 50% <i>i.</i> Direct:..... <i>ii.</i> Indirect.....			
<b>2. Does the individual control voting rights in the company?</b>	No ( <i>skip to 3.</i> )	<input checked="" type="checkbox"/>	Yes - Direct	Yes – Indirect
	<i>i.</i> % of Voting Rights Held: 50%		Right of Veto? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. Does the individual have a right to appoint or remove a majority of the directors?</b>	No	<input checked="" type="checkbox"/>	Yes	
<b>4. Does the individual have any form of securities issued by the company? (see instructions)</b>	<input checked="" type="checkbox"/> No ( <i>skip to 5.</i> )		Yes	
	Description:			
<b>5. Does the individual exercise control or ownership in a way not disclosed in 1 to 4 above?</b>	<input checked="" type="checkbox"/> No		Yes	
	Description:			

#### ATTESTATION

1. I, undersigned, for and on behalf of the reporting entity confirm that all information provided in the above beneficial ownership declaration is accurate and reliable.

Name of Director\* GODFRED QUAYNOR QUAYTEY  
TETTEH

(Signature) \_\_\_\_\_

Position. DIRECTOR  
(ddmm/yyyy)

Date 11/11/2025

2. I, undersigned, for and on behalf of the reporting entity confirm that all information provided in the above beneficial ownership declaration is accurate and reliable.

EMMANUEL QUAYNOR TETTEH

Name of Company Secretary\* \_\_\_\_\_ (Signature) \_\_\_\_\_

Position. SECRETARY  
(ddmm/yyyy)

Date 11/11/2025

\* In the case of an external company the local manager should sign.

#### OFFICIAL USE ONLY

To be completed by Registrar-General's Department

Name of Company Inspector \_\_\_\_\_

(Signature) \_\_\_\_\_

Date received (ddmm/yyyy)

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## COMPLETION NOTES

### BO2

#### Instructions

Complete all relevant sections in BLOCK letters. If any information to be included on the form, such as a person's name, is not originally in the Latin alphabet, please use a recognised transliteration into the Latin alphabet.

Spell out all words – no abbreviations.

#### What is this Form?

To enhance transparency in doing business in Ghana and adhere to Ghana's international obligations under the Financial Action Task Force (FATF), the Companies Act, 2019 (Act 992) requires the Office of the Registrar of Companies to obtain, verify, and record information about beneficial owners of companies, as defined under the Act.

Under the Act, every company must complete for BO1 to identify any reportable beneficial owners. To the extent that a company identify any reportable Natural Person beneficial owners by ticking the Natural Person column, a form BO2 must be completed for **each** natural person.

This form collects information on the Natural Person beneficial owners and their interest in the company.

#### Who must complete this form?

This form must be completed by every company having ticked once or more in the Natural Person column of BO1.

Please note, a separate form BO2 is required for each Natural Person identified on form BO1.

## Guidance Notes for completing BO 2 Forms

### Section 1

Please tick one box only.

If ticking "Other", please give details.

### Section 2

*Box i.*

Give the full name of the company on whose behalf the form is completed.

*Box ii.*

Provide the company's TIN.

*Box iii*

Provide the company's RGD number where applicable.

*Box iv*

Provide country of incorporation.

### Part B

*Box i.*

Insert the full first or given name or names of the Natural Person as included on form BO1.

*Box i.*

Insert the full family or surname or names of the Natural Person as included on form BO1.



**Part A – The Company**

<b>1. Purpose of Beneficial Ownership Information Submission (Please tick)</b>	<input checked="" type="checkbox"/>	Registration of a new company
	<input type="checkbox"/>	Submission of Annual Returns
	<input type="checkbox"/>	Company Update / Amendments
	<input type="checkbox"/>	Other (Please specify):

**2. Company Information**

i. Full legal name of Company: NTIKORA ROYAL REAL ESTATE LIMITED	ii. TIN of Company (if any):
iii. RGD number (if any):	iv. Country of incorporation: <b>GHANA</b>

**Part B – The Beneficial Owner**

**1. Beneficial Owners Particulars**

i. First or given name: GODFRED	ii. Family or surname: TETTEH
iii. Any previous name (e.g., maiden name): QUAYNOR QUAYTEY	iv. Date of Birth (DD-MM-YYYY): 24/01/2006
v. Place of Birth: TEMA	vi. Nationality: GHANAIAN
vii. Residential Address (including street name, city, state, country, and: Postal/Zip code) CF 197, YAM STREET, TEMA METRO, GHANA	viii. Service Address (including street name, city, country, and: Postal/Zip code) CF 197, YAM STREET, TEMA METRO, GHANA
ix. Digital address (if applicable) (e.g. Ghana Post GPS): GT-308-6274	x. Tax Identification Number (TIN). (if applicable): P0066449316
xi. Telephone/Mobile Number: 0533999223	xii. Email address: EQUAYNOR744@GMAIL.COM
xiii. Primary ID Type (see instructions): <b>GHANA CARD</b>	xiv. Primary ID Number (please attach a copy of your ID): GHA-726806435-3
xv. ID Issuing Country/ State/Province: <b>GHANA</b>	xvi. Place of Work and Position Held: TEMA METRO, DIRECTOR

2. Date BO Became  
Registerable

**11/11/2025**

**Part C – Politically Exposed Persons (PEP)**

i.	Is the individual named above a PEP, because of holding a position of importance or being a close relative or associate of a person holding a position of importance?			<input type="checkbox"/>	Yes, they are a domestic Ghanaian PEP		
				<input type="checkbox"/>	Yes, they are an international non-Ghanaian PEP		
				<input checked="" type="checkbox"/>	No (skip to Part D)		
ii.	Nature of Connection to office holder		In Person (skip to iii.)		Immediate Family of		Close Associate of
a)	First or given name of office holder:		b)	Family or surname of office holder:			
c)	Any previous name (e.g. maiden name) of office holder:		d)	Date of Birth of office holder (DD-MM-YYYY):			
		Head of State / Government		Senior Political Party Official		Government Official	Judicial Official

<i>iii.</i> <b>Reason for PEP Status (See instructions)</b>	Military Official	Executive of State-Owned Company	Important Political Party Official	
<i>iv.</i> <b>Role title of this office holder and office/department</b>				
<b>Part D - Nature of Interest</b>				
<b>1. Is the individual a direct or indirect shareholder in the company?</b>	No ( <i>skip to 2.</i> )	<input checked="" type="checkbox"/>	Yes – Direct	Yes – Indirect
	Effective percentage interest: 50%			
	<i>i.</i> Direct:.....			
	<i>ii.</i> Indirect:.....			
<b>2. Does the individual control voting rights in the company?</b>	No ( <i>skip to 3.</i> )	<input checked="" type="checkbox"/>	Yes - Direct	Yes – Indirect
	<i>i.</i> % of Voting Rights Held: 50%		Right of Veto? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. Does the individual have a right to appoint or remove a majority of the directors?</b>	No	<input checked="" type="checkbox"/>	Yes	
<b>4. Does the individual have any form of securities issued by the company? (see instructions)</b>	<input checked="" type="checkbox"/> No ( <i>skip to 5.</i> )	Yes		
	Description:			
<b>5. Does the individual exercise control or ownership in a way not disclosed in 1 to 4 above?</b>	<input checked="" type="checkbox"/> No			Yes
	Description:			
<b>ATTESTATION</b>				
1. I, undersigned, for and on behalf of the reporting entity confirm that all information provided in the above beneficial ownership declaration is accurate and reliable.				
Name of Director*	GODFRED QUAYNOR QUAYTEY TETTEH		(Signature)_____	
Position.	DIRECTOR		Date	11/11/2025
(ddmm/yyyy)				
2. I, undersigned, for and on behalf of the reporting entity confirm that all information provided in the above beneficial ownership declaration is accurate and reliable.				
EMMANUEL QUAYNOR TETTEH				
Name of Company Secretary*			(Signature)_____	
Position.	SECRETARY		Date	11/11/2025
(ddmm/yyyy)				
* In the case of an external company the local manager should sign.				

#### OFFICIAL USE ONLY

To be completed by Registrar-General's Department

Name of Company Inspector \_\_\_\_\_ (Signature)\_\_\_\_\_

Date received (ddmm/yyyy)

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## COMPLETION NOTES

### BO2

#### Instructions

Complete all relevant sections in BLOCK letters. If any information to be included on the form, such as a person's name, is not originally in the Latin alphabet, please use a recognised transliteration into the Latin alphabet.

Spell out all words – no abbreviations.

#### What is this Form?

To enhance transparency in doing business in Ghana and adhere to Ghana's international obligations under the Financial Action Task Force (FATF), the Companies Act, 2019 (Act 992) requires the Office of the Registrar of Companies to obtain, verify, and record information about beneficial owners of companies, as defined under the Act.

Under the Act, every company must complete for BO1 to identify any reportable beneficial owners. To the extent that a company identify any reportable Natural Person beneficial owners by ticking the Natural Person column, a form BO2 must be completed for **each** natural person.

This form collects information on the Natural Person beneficial owners and their interest in the company.

#### Who must complete this form?

This form must be completed by every company having ticked once or more in the Natural Person column of BO1.

Please note, a separate form BO2 is required for each Natural Person identified on form BO1.

## Guidance Notes for completing BO 2 Forms

### Section 1

Please tick one box only.

If ticking "Other", please give details.

### Section 2

*Box i.*

Give the full name of the company on whose behalf the form is completed.

*Box ii.*

Provide the company's TIN.

*Box iii*

Provide the company's RGD number where applicable.

*Box iv*

Provide country of incorporation.

### Part B

*Box i.*

Insert the full first or given name or names of the Natural Person as included on form BO1.

*Box i.*

Insert the full family or surname or names of the Natural Person as included on form BO1.



OFFICE OF THE REGISTRAR OF COMPANIES      Form 26 (C)  
SECTION 211(8)

**IN THE MATTER OF THE STATUTORY DECLARATIONS ACT, 1971 (ACT 389)**

**AND**

**IN THE MATTER OF A STATUTORY DECLARATION BY**

**(FULL NAME): EMMANUEL QUAYNOR TETTEH**

**PURSUANT TO THE STATUTORY DECLARATIONS ACT, 1971 (ACT 389)**

I, (Full Name): EMMANUEL QUAYNOR TETTEH ..... of House  
Number: CF 197 ..... (Landmark): ADJACENT TO DEEPER LIFE CHURCH .....  
(Street Name): YAM STREET ..... Location  
(Town & City): TEMA METRO, TEMA COMMUNITY 23 ..... the declarant  
herein, and in accordance with Section 172 (2) of the Companies Act, 2019  
(Act 992) do solemnly and sincerely declare as follows:

1. That I have not been convicted of a criminal offence involving fraud or dishonesty within the last 5 years.
2. That I have not been convicted of a criminal offence relating to the promotion, incorporation or management of a company in the last 5 years that has become insolvent.
3. That I have not been a director or senior manager of a company that has become insolvent within the last 5 years.

AND I make this solemn declaration conscientiously believing it to be true, in accordance with the Statutory Declarations Act, 1971 (Act 389).

Declared at ..... **ACCRA**

Dated this **11** day of ..... **11**, **2025**

EMMANUEL QUAYNOR TETTEH .....

**(Full Name & Signature of Applicant)**



OFFICE OF THE REGISTRAR OF COMPANIES      Form 26 (C)  
SECTION 211(8)

**IN THE MATTER OF THE STATUTORY DECLARATIONS ACT, 1971 (ACT 389)**

**AND**

**IN THE MATTER OF A STATUTORY DECLARATION BY**

**(FULL NAME): .....** GODFRED QUAYNOR QUAYTEY TETTEH

**PURSUANT TO THE STATUTORY DECLARATIONS ACT, 1971 (ACT 389)**

I, (Full Name): ..... of House  
Number: CF 197 (Landmark): ADJACENT TO DEEPER LIFE CHURCH  
(Street Name): ..... YAM STREET Location  
(Town & City): ..... TEMA METRO, TEMA COMMUNITY 23 the declarant  
herein, and in accordance with Section 172 (2) of the Companies Act, 2019  
(Act 992) do solemnly and sincerely declare as follows:

1. That I have not been convicted of a criminal offence involving fraud or dishonesty within the last 5 years.
2. That I have not been convicted of a criminal offence relating to the promotion, incorporation or management of a company in the last 5 years that has become insolvent.
3. That I have not been a director or senior manager of a company that has become insolvent within the last 5 years.

AND I make this solemn declaration conscientiously believing it to be true, in accordance with the Statutory Declarations Act, 1971 (Act 389).

Declared at ..... ACCRA .....

Dated this 11 day of 11, 2025

GODFRED QUAYNOR QUAYTEY TETTEH .....

**(Full Name & Signature of Applicant)**



OFFICE OF THE REGISTRAR OF COMPANIES  
SECTION 211(8)

Form 26 (B)

## CONSENT TO ACT AS A COMPANY SECRETARY

**Company Name:**

NTIKORA ROYAL REAL ESTATE LIMITED

I hereby consent to act as the Company Secretary of the above-named Company upon its Registration.

**Personal Details:**

Full Name:

EMMANUEL QUAYNOR TETTEH

Former Name: [if applicable]

Residential Address:

CF 197, YAM STREET, TEMA METRO

P. O. Box Number

1850, KOFORIDUA, EASTERN

0552142154  
Mobile Number: .....

My qualification under Section 211(3) of Act 992 is  
TERTIARY LEVEL QUALIFICATION

**Signature:** .....

**Date:** 11/11/2025 .....



OFFICE OF THE REGISTRAR OF COMPANIES  
SECTION 172 (2) (b)

FORM 26 (A)

## CONSENT TO ACT AS A COMPANY DIRECTOR

**Proposed Company Name:**

NTIKORA ROYAL REAL ESTATE LIMITED

I hereby consent to act as the Director of the above-named Company upon its Registration.

**Personal Details:**

Full Name:

EMMANUEL QUAYNOR TETTEH

Former Name: [if applicable]

P. O. Box Number

1850, KOFORIDUA, EASTERN

Residential Address

CF 197, YAM STREET, TEMA METRO

Contact Number

0552142154

**Signature:** .....

**Date:** 11/11/2025 .....



OFFICE OF THE REGISTRAR OF COMPANIES  
SECTION 172 (2) (b)

FORM 26 (A)

## CONSENT TO ACT AS A COMPANY DIRECTOR

**Proposed Company Name:**

NTIKORA ROYAL REAL ESTATE LIMITED

I hereby consent to act as the Director of the above-named Company upon its Registration.

**Personal Details:**

Full Name:

GODFRED QUAYNOR QUAYTEY TETTEH

Former Name: [if applicable]

P. O. Box Number  
1850, KOFORIDUA, EASTERN

Residential Address

CF 197, YAM STREET, TEMA METRO

Contact Number

0533999223

**Signature:** .....

**Date:** 11/11/2025 .....