APPLICATION TO REGISTER A COMPANY WITH SHARES



THE COMPANIES ACT, 2019 (ACT 992)

FILL ALL 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

A fee is payable on presentation of this form. Please see the fees on our website www.orc.gov.gh

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

ADDITIONAL DIRECTOR'S FORM

Company Name*																							
					Parti	cula	rs n	f Dir	ecto	rs of	fthe	Con	npan	v									
Director														<u>y</u>				Directors should be at least 18					
Director Statutory Declaration & Consent Letter A person shall not be appointed a director if															years and	above	١.						
i. That person within the pre manager of a Company that l	ceding	five ye	ears o	of the							has	been	a dire	ector	or s	enio	r	Directors are to attach a statutory declaration and consent letter as					
																2) of Act 992							
Tick applicable		Yes e involving fraud Yes			. 1:-1.	No								If you tick	If you tick "yes" to any of the								
	ence in				uisn													Statutory	•		•		
Tick applicable					No							•	C			41 4	1	details tha					
iii. Convicted of a criminal of become insolvent	rence re	eiating	g to ti	ne pr	omot	10n, 1	ncor	porai	ion o	r ma	nage	ment	orac	comp	oany	tnat	nas	director. A		suppo	rung		
Tick applicable		Yes				No												A Compar	ny sha	II have	at least two		
Statutory Declaration Form	ı*					ıseni	Let	ter*										directors of which one should be resident in Ghana.					
Title		Mr				N	1rs			M	iss		M	s	s Dr			— resident in Ghana.					
First Name*																		If there ar					
Middle Name																			directors, additional directors' forms shall be obtained from ou				
Last Name*																		website at www.rgd.gov.gh	ov.gh				
Any Former Name																							
Gender*]	Male		l	Fema	le			•			•				•	•						
Date of Birth*	D	D	M	M	Y	Y	Y	Y															
Place of Birth*																							
Nationality*																		1					
Occupation*																							
Mobile No 1*																							
Mobile No 2																							
Fax																							
Email Address*																							
TIN*																•	•						
Ghana Card(National Iden	tity Car	rd)*			GHA	-																	
Without TIN	Fi	ll the	GRA	TIN	Form	atta	che	d	•			•											
Residential Address																		- 1.					
Digital Address*																		This addre			vided Will ecord, unlike		
House/Building/Flat*																		that of the addresses that will be provided for the Company. Applicants are to ensure that the	hat will be				
(Name or House No.)/LMB																			•				
Street Name*			+															digital add	lress p	rovide	d matches		
City*																		with the re provided.	esiden	uai dü	ui ess		
District*																		Ī					
Region*																		Provide you address.	our cui	rent w	orkplace		
Country*																							
Occupational Address			•			•	•		•	•		•					•						
Digital Address*									1 of	2													

[1	_			1		1					ı			ı					
House/Building/Flat*																					
(Name or House No.)/LMB																					
Street Name*																					
City*																					
District*																					
Region*																					
Country*																					
Particulars of other																		List the names of other Companies for which you serve as director			
Directorships*																		ion which you serve as an ector			
Director's Signature*																					
			•											•••••	••						
				P									npar	ıy				Divertors should be at least 10			
Director							y De				onse	nt Le	etter					Directors should be at least 18 years and above.			
			on sh										-					,			
i. That person within the preced manager of a Company that has	_				appli	catio	n for	· inco	rpora	ation	has	been	a dir	ecto	r or s	enioi		Directors are to attach a statutory declaration and consent letter as			
Tick applicable		Yes	;			No												stated in section 172 (2) of Act 992.			
ii. Charged with or convicted of	a crin	ninal	offen	ce in	volvi	ng fr	aud c	or dis	hone	sty								If you tick "yes" to any of the Statutory Declarations, provide details that qualifies you to be a			
Tick applicable		Yes	;			No															
iii. Convicted of a criminal offen	ce rela	ating	to th	e pro	moti	on, i	ncorp	orat	ion o	r ma	nage	ment	t of a	comp	pany	that		director. Attach supporting			
become insolvent																		documents			
Tick applicable		Yes	;			No												A Company shall have at least two			
Statutory Declaration Form*																directors of which one should be					
Title		ľ	Mr			M	Irs			M	iss		N	Is		Г)r	resident in Ghana.			
First Name*											If there are more than two										
Middle Name*																		directors, additional directors' forms shall be obtained from our			
Last Name*																		website at www.orc.gov.gh			
Any Former Name*																					
Gender*	М	ale		F	ema	le											1				
Date of Birth*	D	D	M	M	Y	Y	Y	Υ													
Place of Birth*				-7-2																	
Nationality*																					
Occupation*																					
Mobile No 1*																					
Mobile No 2																					
Fax																					
Email Address*																					
TIN*																					
Ghana Card(National Identity	Cara	/)*			GHA	_															
Without TIN		•	GRA '	1			ched	 		<u> </u>		1	l	<u> </u>		l					
Residential Address	1 111		Jaw 1	14 1	V1 111	utta	u	-										This address when provided will			
Digital Address*																		not appear on public record, unlike			
House/Building/Flat*																		that of the addresses that will be provided for the Company.			
(Name or House No.)/LMB																					
Street Name*																	1 1	Applicants are to ensure that the digital address provided matches			
			-															with the residential address			
City*								1	1												
City*																	1 1	provided.			
City* District* Region*									2 of									provided. Provide your current workplace address.			

Country*																
Occupational Address	'		'	'		'										
Digital Address*																
House/Building/Flat* (Name or House No.)/LMB																
Street Name*																
City*																
District*																
Region*																
Country*																
Particulars of other Directorships*															List the names of other Companies for which you serve as director	
Director's Signature*																
						Bene	ficia	al Ov	vnei	r(B0)				Section 35 (14) and (15) of Act	
influence over the legal person (Beneficial Owner(BO) Deneficial owner (or owners) is the individual or natural person who owns, controls, has interest in, or exercises aluence over the legal person (or arrangement) or receives substantial benefit from the applicant's activity. A neficial owner is an individual and cannot be a company.													992		
SANCTIONS: Failure to discl Fill the BO Form attached /D									and	pena	lties					