APPLICATION TO REGISTER A COMPANY WITH SHARES THE COMPANIES ACT, 2019 (ACT 992)

FORM 3 Private Limited



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

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

(A)	Reg	ister	red C	Const	ituti	ion				Star	ndar	d Co	nstit	utio	n				Tick Registered Constitution if the
									1									1	company has its own Constitution. I not, Tick Standard Constitution as it
																			schedule 2 of Act 992.
Company Name*																			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 fo
																			registration.Section 21(2) of Act 992
																			A list of registered names can be found on our porta
																			found on our porta
																			+
Ending With*	L	 ГD		ī	l JMI'	TED	COM	 IPAN	Y										Tick Applicable Ending
Presented By*						T			<u> </u>										Full name and TIN of the natura
																			person or legal entity submitting
							T	 N*											documents to the Registrar o Companies
(B)									Se	ctor	(s)*					ļ			Companies
Legal	Esta	ate/l	Hous	ing		Med	dia			-		Tra	nspo	ort/A	eros	space	e		Choose your sector by ticking the box
Utilities		cati		- 0		_		g & F	ort					Hous		Ι			next to it.
Tourism			/ Mii	ning		_	pita					+		/Bea		icatio	on		Specify sector(s). If your sector is not listed, write your
Insurance			inme				lth (_		y of N					sector in the space provided for
Agriculture			dust			Sec	uriti	es/B	roke	ers		_		Pleas			·)		"others".
Oil and Gas	_		cturi	-		+		rce/					(r),	,		
Construction			ceut			+				ance									
Telecom/ICT		urity				+	itati												
(C)									al Bı	usin	ess A	Activ	ities	5					
Select the Internat	ional St	and	ard I	ndu	stria										r th	e pri	ncip	al	ISIC or classification code is a standard
activity and other														. ,		•	•		classification for economic or business
ISIC code 1																			activities so that establishments could be classified based on the activity they
ISIC code 2																			carry out.
ISIC code 3																			A detailed list of ISIC or Classification
ISIC code 4																			Codes can be found on our website at www.orc.gov.gh
If you cannot dete	rmine a	cod	e, ple	ease	give	a br	ief d	escr	iptio	n of	the o	comp	any	's bu	sine	ss ac	tivit	ies	
, , , , , , , , , , , , , , , , , , ,			, I						•										
(D)						Nat	ture	of E	Busi	ness	of t	he Co	omp	any					
																			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

(E)					Re	giste	ered	Offi	ce A	ddr	ess					
Digital Address*																Per section 13 (2) (d) of Act 992 every
House/Building/Flat*	+															Company must have a Registered
(Name or House No.)/LMB																Office and this is the address to which
, , , , , , , , , , , , , , , , , , , ,																the Registrar of Companies may send correspondence.
Street Name*	-															<u> </u>
Street Ivanie																Obtain a digital address by
City*	+-															downloading the Ghana Post GPS app onto any smart phone.
City* District*																
Region*																To get an accurate address, stand at
(F)					Dwi		al D	lass	of D							the entrance of the said location or office,
								lace								Applicants are to ensure that the
Is the Principal place of Bus							reu	OHIC				: 1 - 1) a t a i	<i>l</i> ₀)		digital address provided matches with
If Yes (Tick the box and proce	zea w	iin oin	erPu	ace oj	Busii				ıj ı	NO (Prov	iae L	Detai	isj		the registered office address.
Digital Address*	-											I				
House/Building/Flat (Name or House No.)/LMB*																
(Nume of House No.)/ LMD																
Chunch Nan*	4															
Street Name*																
at the			-													
City*																
District*																
Region*																
(G)					0	ther	· Pla	ce of	f Bus	sine	SS					
Digital Address																Companies that have multiple operational locations must complete
House/Building/Flat																this section.
(Name or House No.)/LMB																Supplementary sheets can be found on
Street Name																our website www.orc.gov.gh
City																
District																
Region																
(H)	Add	dress a	t wh	ich R	egist	er o	f Me	mbe	rs w	rill b	e ke	ept a	nd r	nain	taine	ed
		elsewh			_							•				
Digital Address*					Τ											A Register of Members is a register
House/Building/Flat	+															that contains the names and addresses
(Name or House No.)/LMB*																of members of an incorporated Company.
Street Name*	+															It is required that every company
City*	+															keeps and maintains a Register of its
District*	+															Members at a location in the country.
Region*	+															
						D	neta	l Ad	dree	38						
<i>C/0</i>						1	Jota	u	ai Ci	,,,						Please tick either Post Office Box (P O
Type*	P (O. BOX			PME	L B		DT	ГD			<u> </u>	1	1		BOX), Private Mail Bag (PMB) or Door
Number*	+ 1		+			-										to Door (DTD) and provide details as applicable.
Town*	+															аррисаме.
Region*	+															
_					C	onto	ct of	f the	Con	mar	n V					
Phone No 1*	+					Unitd	LL U	uie	COI	ıpal	ı y					Applicants are to provide at least, one
	+-															mobile phone number and an email
Phone No 2	-	\vdash	-													address. This is to assist the Registrar of
Mobile No 1*	+	$\vdash \vdash$	-												\vdash	Companies to communicate to the company
Mobile No 2					1											

Fax																		
Email Address*																		
Website																		
				Т	larti	culo	rc of	f Din	ecto	rc o	f tha	Con	nnar	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
(J) Director 1													_	_				Directors should be at least 18 years
Director 1	A 20	24004	, aha						ition direc			ent	Lette	er				and above.
i. That person within the pre												ion k	and h	oon	a dir	octo	ror	
senior manager of a Compan		_	-					1011 10	or in	corp	orat	1011 1	ias d	een	a uir	ecto	ı. Oı.	Directors are to attach a statutory declaration and consent letter as
-	y uia			UIIIC	11130		L.	I	1									stated in section 172 (2) of Act 992.
Tick applicable		Yes		<u> </u>	1	No		<u> </u>										
ii. Convicted of a criminal off	ence			girai	ia or		ione	sty T										If you tick "yes" to any of the Statutory Declarations, provide details
Tick applicable	C	Yes		1		No									c			that qualifies you to be a director.
iii. Convicted of a criminal of company that has become in			ting	to th	ie pr	omo	tion,	ınco	rpor	atio	n or	man	agen	nent	of a			Attach supporting documents
Tick applicable		Yes	;			No												A Company shall have at least two
Statutory Declaration Form*	•				Cor	isent	Lette	er*	•									directors of which one should be resident in Ghana.
Title	N	۷r			Mrs	5			Miss	5		N	1s		Γ	r		
First Name*																		If there are more than two directors,
Middle Name																		additional directors' forms shall be obtained from our website at
Last Name*																		www.orc.gov.gh
Any Former Name																		
Gender*	М	ale		F	ema	le												
Date of Birth*	D	D	M	M	Y	Y	Y	Υ										
Place of Birth*																		
Nationality*																		
Occupation*																		
Mobile No 1*																		
Mobile No 2																		
Fax																		
Email Address*																		
TIN*																		
	<i>C</i>	114			CIIA													
Ghana Card(National Identity			CD /		GHA													
Without TIN	FIII	tne	GKA	1 111	V For	m a	ttacı	nea										This address when provided will not
Residential Address			1			1	1		1	1								appear on public record, unlike that of
Digital Address*													1			I		the Company.
House/Building/Flat* (Name or House No.)/LMB		-																Applicants are to ensure that the
(Ivame or nouse ivo.)/LIVIB		-	<u> </u>															Applicants are to ensure that the digital address provided matches with
G V :																		the residential address provided.
Street Name*				_														
City*																		Provide your current workplace
District*																		address.
Region*																		
Country*																		
Occupational Address		1	1	1	1		-	1	1	1	1	1		I	I	I	I	
Digital Address*																		
House/Building/Flat*																		
(Name or House No.)/LMB																		
Street Name*																		
City*																		
District*																		

							,	,			,							_
Region*																		
Country*																		
Particulars of other																		List the names of other Companies for
Directorships*																		which you serve as director
						ļ	!			ļ.	!					!		
D:																		
Director's Signature*																		
(K)																		
Director2					Statu	itory	De	clara	ation	1 & C	ons	ent I	Lette	er				
	Аре	rsor	ı sha						direc									Kindly use the instructions given in
i. That person within the pred	cedin	g fiv	e yea	ars o	f the	app	licati	ion f	or in	corp	orat	ion l	nas b	een	a dir	ecto	r or	section (J)
senior manager of a Company		_								-								
Tick applicable		Yes	;			No												
ii. Convicted of a criminal offe	ence i			frau	ıd or	dish	one	sty										
Tick applicable		Yes		, 		No												
iii. Convicted of a criminal off	ence			to th	e pr		tion.	inco	rpor	atio	n or	man	agen	nent	of a			
company that has become in			8		P		,		- P -									
Tick applicable		Yes	1			No												
Statutory Declaration Form*					Con	sent	Lett	er*	•									
Title	N	1r			Mrs	6			Miss	s		N	1s		Г)r		
First Name*																		
Middle Name																		
Last Name*																		
Any Former Name																		
Gender*	М	ale		F	ema	le			-		1	-				<u> </u>		
Date of Birth*	D	D	M	M	Y	Υ	Υ	Υ										
Place of Birth*																		
Nationality*																		
Occupation*																		
Mobile No 1*																		
Mobile No 2																		
Fax																		-
Email Address*																		-
TIN*																		-
Ghana Card(National Identity	Card	1*			_ GHA	_												
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Residential Address	1 111	tiic	GIW.		1101	III a	ttacı	iicu										-
Digital Address*																		
House/Building/Flat*																		
(Name or House No.)/LMB																		
Street Name*				-				1										-
City*																		
District*				\vdash				1										-
Region*				\vdash				1										-
Country*				\vdash				1										-
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Occupational Address Digital Address*				Τ														
DIKUUI AUUIESS .	1	1	1	1	1	1	1	1	1	1	1	1	1	l .	1	1	i .	į.

						_												
House/Building/Flat*																		
(Name or House No.)/LMB																		
Street Name*																		
City*																		
District*																		
Region*																		
Country*																		
Particulars of other																		
Directorships*																		
			1	1														
Director's Signature*																		
(L)					Pa	rtic	ulars	s of	Com	pan	y Se	cret	ary					
Professional qualification																		Tick the applicable qualification(s)
Tertiary level qualification																		Attach Consent Letter
Company Secretary Trainee																		Reference to Section 211 (1) and (3) of
Barrister or Solicitor in the Ro	epub!	lic																Act 992
Institute of Chartered Accoun	_																	
Under the supervision of a qu			mpa	iny S	Secre	tarv												
Institute of Chartered Secreta				_														
By virtue of an academic qual							essi	onal	body	<i>I</i> .								
appears to the directors as ca											ry of	the						
Consent Letter*																		
Title	N	⁄lr			Mrs	5			Miss	S		N	1s		D	r		
First Name*																		
Middle Name																		
Last Name*																		
Any Former Name																		
TIN*																		
Ghana Card(National Identity	Card	/)*			GHA	-												
Without TIN			GRA	TIN	l Foi	m a	ttacl	hed					<u> </u>					
Gender*		ale		1	ema													
Date of Birth*	D	D	М	M	y	Y	Y	Y										
Place of Birth*			171	172	_													
Nationality*																		
Occupation*																		
Mobile No 1*																		
Mobile No 2																		
Fax Email Address*																		
Email Adaress*																		
Residential Address		ļ			1	1	1						ļ	!		ļ		This address when provided will not appear on public record, unlike that of
Digital Address*												ı				ı	ı	the Company.
House/Building/Flat*																		
(Name or House No.)/LMB																		Applicants are to ensure that the
Street Name*																		digital address provided matches with the residential address provided.
City*																		, co. aca. addi coo pi ovided.
District*																		Provide your current workplace
Region*																		address.
1	-1			i .	i	4			1	i .	1			i		i		

Country*																	
Email Address*																	
Signature*															•	•	
(M)			In C	ase	the	Coı	mpa	ny S	ecre	tary	is a	Bod	y Co	rpo	rate		
Corporate Name*																	The Corporate Body must have as one of its subscribers or operating officers
Corporate TIN*																1	 a person who qualifies to be a Company Secretary.
Digital Address*																	
Corporate Address																	The Corporate Representative must hold at least one of the qualification(s)
H/No. LMB*																	of secretary stated above
P.O. Box/DTD/PMB*																	Reference to section 211 (2) Act 992
Name of Person																	
Representing the																	
Corporate Secretary*																	
TIN of Representative*																	
Ghana Card(National Identity	Card)*		(ЗНА	-											
Signature(Corporate																	
Representative)*																	
Corporate Stamp*																	
				A	ttes	ted l	by										For authentication purposes, two
Director*	TI	N*														_	 officers of the company are to sign their signatures together with a seal or
Ghana Card(National Identity	Card)*		(ЗНА	-											stamp of the company
Name*																	Reference to costion 150 (1) (D) (i) Act
																	Reference to section 150 (1) (D) (i) Act 992
Signature*																	
Secretary*	TI	N*															
Ghana Card(National Identity	Card)*		(ЗНА	-											-
Name*																	
a: *									I								
Signature*																	
			O	r in t	he A	Alter	nati	ve									In the absence of a stamp or a seal of
Director*	TI	N*															the company, the signature of two directors and a Company Secretary are
Ghana Card(National Identity	Card)*		(ЗНА	-											needed for authentication purposes
Name*																	D. (
																	Reference to section 150 (1) (D)(ii) of Act 992
Signature*																	
Director*	TI	N*															
Ghana Card(National Identity	Card)*		(ЗНА	-											
Name*																	
Name ·																	
															•		
Signature*																	
Signature																	

Secretary*	TI	N*															
Ghana Card(National Identity	Card)*		G	SHA -	•											
Name*																	
Signature*																	
(N)						A	udit	or o	f the	e Cor	npa	ny					
TIN*																	A person shall be appointed an Auditor
Ghana Card(National Identity	Card)*			GH	A -											of a private company if that person is
Auditor's Firm Name*																	qualified and licensed in accordance with the Chartered Accountants Act,
																	1963 (Act 170). See section 138 (1) and
																	(2) of Act 992.
																	Applicant needs to attach an Auditor's consent letter to this application
																	before submission.
D:-:4-1 A JJ +										-							
Digital Address*							-			-			1				All Auditors shall hold office for a term of not more than six years and are
Auditor's Firm Address* P.O.Box							<u> </u>			\vdash			-				eligible for appointment after a cooling
1 .Ο.Δυλ																	off period of not less than six years.
																	Refer to section 139 (11)
PMB/DTD*																	
House/Building/Flat																	
(Name or House No.)/LMB*																	
Street Name*																	
City*																	
District*																	
Region*																	
Mobile No.*																	
Office No.																	
Consent Letter*		Atta	ch C	ons	ent I	.ett	er fi	om	And	itor			1				
(0)		11000								d St	ated	Car	nital				<u> </u>
Authorised Shares*					Dea	1115						Cup	l				State clearly the total amount of the
Stated Capital*	CI	HC															proposed Authorized Shares
Number of Authorised Shar			h Cla	cc									<u> </u>				and the Stated Capital
Equity Shares*	C3 01	Laci	II CIA	33													All shares are of no par value Also state all the relevant details
															IF A	NIX/	about the company shares
Preference Shares Number of Issued Shares of	Engl	· Cla													IF F	AIN Y	
	Eaci	Lia	SS										1				The amount Paid in Cash of Each Class and
Equity Shares*																	Amount Remaining to be Paid on Each
Preference Shares	1 01														IF A	INY	Class must not exceed stated capital
Amount Paid In Cash of Each													1				Equity Shares, previously known as
Equity Shares*		НС															Ordinary shares
Preference Shares		НС													IF A	NŸ	
Amount Paid Otherwise tha	_		of E	ach	Clas	S											
EquityShares		HC								1							
Preference Shares		HC													IF A	NY	
Amount Remaining to be Pa	_		h Cla	ass				1	1		1	1					Amount Remaining to be Paid on Each
Equity Shares(Unpaid)	GI	HC															Class must be stated, if it is applicable to the company
Equity Shares (Due)	GI	HC															

Preference Shares (Unpaid)	G	HC																
Preference Shares(Due)	G	HC																
(P)			Ad	ldre	ss aı	nd D	escr	iptio	n of	f Sub	scri	ber -	- Ind	livid	lual			
This Section	Must	Be F	ille	l wi	th oı	· Wi	thou	ıt a R	legis	stere	d Co	nsti	tuti	on				A subscriber is somebody who agrees
I/We the undersigned are de				_		•			•	_	•							to become a member of the company by the taking up shares at the
Constitution and we respecti	-	_										-	-	et op	posi	te oı	ır	inception of the company
respective names and to pay	there	tor i	n cas	sh th	ie co	nsid	erati	on re	espe	ctive	ly st	ated						— The condition for income which shall
Subscriber 1	N	/Ir		N	Irs		M	iss		N	1s		Ι)r				The application for incorporation shall be made by a person:
First Name*																		a. Signing a duly completed application
Middle Name																		for incorporation form
Last Name*																		or b. signing a duly completed application
Any Former Name																		for incorporation to this form and the
TIN*																		constitution of the proposed company (where a registered constitution is
Ghana Card(National Identity	Cara	()*			GHA													preferred)
Without TIN	Fill	the	GRA	TIN	l Fo	rm a	ttac	hed										
Gender*	M	ale		F	ema	ıle												If there are more than two subscribers additional subscriber forms shall be
Date of Birth*	D	D	M	M	Y	Y	Y	Y										obtained from our website at
Place of Birth*																		www.orc.gov.gh
Nationality*																		
Occupation*																		
Digital Address*																		
Address*																		
No. of Shares to be Taken*																		
Consideration Payable in Cas	h^*	G	HC															
										•					•			
Signature*																		
(Q)			Ad	ldre	ss aı	nd D	escr	iptio	n of	f Sub	scri	ber -	- Ind	livid	lual			
Subscriber 2	N	/Ir		N	Irs		M	liss		N	1s		Ι)r				Kindly use the instructions given in
First Name*																		section (P)
Middle Name]
Last Name*																		1
Any Former Name																		
TIN*													•			!		
Ghana Card(National Identity	Cara)*			GHA													1
Without TIN	Fill	the	GRA	TIN	l Fo	rm a	ttac	hed	•				•		,			1
Gender*	M	ale		F	ema	ıle												1
Date of Birth*	D	D	M	M	Y	Y	Y	Y										1
Place of Birth*																		1
Nationality*																		
Occupation*																		1
Digital Address*																		1
Address*																		
																		-
No. of Shares to be Taken*																		-
Consideration Payable in Cas	h*	G	HC	t											1		1	1
		1		1	1	1	1	1	1	1	1	1			1	1	1	1
Signature*																		

(R)				In (Case	the	Sub	scri	ber	is a l	Body	, Co	rpor	ate		
Corporate Name*													Ī			If there are more than one Corporate
																Subscribers, additional corporate
							+									subscribers' forms shall be obtained from our website at www.orc.gov.gh
Corporate TIN*																Trom our website at www.orc.gov.gn
Digital Address*																
Corporate Address*																
H/No. LMB																
P.O. Box/DTD/PMB*																
No. of Shares to be Taken*																
Consideration Payable in Cash	*	GF	łС													
Name of Person																
Representing the																
Corporate Subscriber*																-
TIN of Representative*																
												1				
Signature																
(Corporate Representative)*																
Corporate Stamp*																
				Δ	Attes	ted	hv		•••••				•••••			For authentication purposes, two
Director*	Tl	INI		1	lites		J					Π	T			officers of the company are to sign
Ghana Card(National Identity (١.,	GHA											their signatures together with a seal or
Name*		, · 		<u> </u>	L	· -										stamp of the company
Ivame																
Signature*																
Constant*	Tl	INI		Τ	······	 T	 T	······	·······	Τ	Τ	······	Τ	······		
Secretary*	1				CIIA											
Ghana Card(National Identity C Name*	_ara))* 		'	GHA	· -							-			
Name *							+									
																-
Signature*																
	<u> </u>															
			0	r in	the A	Alte	rnati	ive								
Director*	Tl						-									In the absence of a stamp or a seal of the company, the signature of two
Ghana Card(National Identity C	Card))*			GHA	-										directors and a company secretary are
Name*																needed for authentication purposes
Signature*																
Director*	TI	IN														
Ghana Card(National Identity C	Card))*		(GHA	-										
Name*																
Signature*																
Secretary*	Tl	IN														
Ghana Card(National Identity (Card))*			GHA	-]

Name*																		
Signature*																		
(S)						Sha	res	In T	rust	for N	Min	or(s)						
			A	ddr	ess a	ınd	Desc	ript	ion	of Tı	rust	ee - l	Indi	vidı	ıal			Individual or Corporate Bodies that
TIN*																		may be holding shares for minors
Ghana Card(National Identity	Card)*	•		GHA	-												
Trustee*	N	1r		M	Irs		M	iss		N	1s		Γ	r				
First Name*																		
Middle Name																		
Any Former Name																		
Last Name*																		
Nationality*																		
Occupation*																		
Digital Address*																		
Address*																		
Declaration*	Tha	t I/w	e ho	ld th	e Sha	re(s	anc	allo	divide	ends	and	inter	ests	accr	ued	or to		
	respects, and to pay the Share and any dividends, interest and other															n all		
	accrue on trust for the Owner and I/we undertake to transfer and deal, in respects, and to pay the Share and any dividends, interest and other benefits thereon and accretions thereto in such manner as the Owner sha																	
																all		
	respects, and to pay the Share and any dividends, interest and other benefits thereon and accretions thereto in such manner as the Owner shal from time to time direct.																	
No. of Shares to be Taken*	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.																	
Consideration Payable in Cash	Gl	HC																
Name (Minor)*																		
Date of Birth*	D	D	M	M	Y	Y	Y	Y										
Identification Type(ID)																		
ID Reference Number																		
Signature(Trustee)*																		
(T)				In	Cas	t	10 T	ruct	is	R	ndv	Corp						
Corporate Name*				11	Cas			lust	CC 13		Juy	Lorr						
Corporate Name																		
Corporate TIN*																		-
Corporate Address*																		
H/No. LMB																		-
P.O. Box/DTD/PMB*																		
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														<u> </u>				For authentication purposes, two
Corporate Stamp*																		officers of the company are to sign
					Attes	ted	bv											their signatures together with a seal or stamp of the company
Director*	Т	IN																stamp of the company
Ghana Card(National Identity C					GHA	_												
Name*					J, .													
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Signature*																		
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Secretary*	T	IN																
Ghana Card(National Identity	Card)*			GHA	-												
Name*																		
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Director*	Т	IN																In the absence of a stamp or a seal of
Ghana Card(National Identity	Card)*			GHA	-												the company, the signature of two
Name*																		directors and a Company Secretary are needed for authentication purposes
																		inceded for dutilentication purposes
Signature*																		
Director*	Т	IN		Ι		T	 		 		······	······	T	 				
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No. of Shares to be Taken*																		
Consideration Payable in Cash	*	G	HC															
Name (Minor)*																		
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ID Reference Number																		
(U)					V	Vitne	ess t	o th	e abo	ove S	Sign	atur	es					
Date*	D	D	M	M	Y	Y	Y	Y										The form must be signed by all
Full Name*																		subscribers in the presence of a witness, who shall attest to the signing.
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Witness Signature*																		
Address*																		
Occupation*																		

(V)								efici			-	-											
A beneficial owner (or owners	-						_											Sect	ion 35	(14)	and (15) of	Act 992
or exercises influence over the	_	_		-		_		-					ial b	enefi	t fro	m th	ıe						
applicant's activity. A benefici	ai ov	wner i	ıs aı	n inc	livic	iuai a	ina c	canno	ot be	a co	mpa	any.											
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Date of Submission of Documer	ıt*																			<u> </u>			
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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)	