



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)		Registered Constitution								Standard Constitution								Tick Registered Constitution if the company has its own Constitution. If not, Tick Standard Constitution as in schedule 2 of Act 992.			
<i>Company Name*</i>																				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	
<i>Ending With*</i>		LTD				LIMITED COMPANY												Tick Applicable Ending			
<i>Presented By*</i>																			Full name and TIN of the natural person or legal entity submitting documents to the Registrar of Companies		
								TIN*													
(B)		Sector(s)*																			
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															
(C)		Principal Business Activities																			
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		
<i>ISIC code 1</i>																					
<i>ISIC code 2</i>																					
<i>ISIC code 3</i>																					
<i>ISIC code 4</i>																					
If you cannot determine a code, please give a brief description of the company's business activities																					
(D) Nature of Business of the Company																					
																			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) Registered Office Address																											
Digital Address*																										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																											
Street Name*																											
City*																											
District*																											
Region*																											
(F) Principal Place of Business																											
Is the Principal place of Business the same as the Registered Office Address?																											
If Yes (Tick the box and proceed with other Place of Business)												If No (Provide Details)															
Digital Address*																											
House/Building/Flat (Name or House No.)/LMB*																											
Street Name*																											
City*																											
District*																											
Region*																											
(G) Other Place of Business																											
Digital Address																										Companies that have multiple operational locations must complete this section. Supplementary sheets can be found on our website www.orc.gov.gh	
House/Building/Flat (Name or House No.)/LMB																											
Street Name																											
City																											
District																											
Region																											
(H) Address at which Register of Members will be kept and maintained (if elsewhere than at the Registered Office)																											
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*																											
Postal Address																											
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				PMB				DTD																		
Number*																											
Town*																											
Region*																											
(I) Contact of the Company																											
Phone No 1*																										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																											
Mobile No 1*																											
Mobile No 2																											

Fax																					
Email Address*																					
Website																					
(J) Particulars of Directors of the Company																					
Director 1	Statutory Declaration & Consent Letter																	Directors should be at least 18 years and above.			
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	Yes				No														Directors are to attach a statutory declaration and consent letter as stated in section 172 (2) of Act 992.		
ii. Convicted of a criminal offence involving fraud or dishonesty																					
Tick applicable	Yes				No																
iii. Convicted of a criminal offence relating to the promotion, incorporation or management of a company that has become insolvent.																		If you tick "yes" to any of the Statutory Declarations, provide details that qualifies you to be a director. Attach supporting documents			
Tick applicable	Yes				No																
Statutory Declaration Form*																					
Consent Letter*																		A Company shall have at least two directors of which one should be resident in Ghana.			
Title	Mr				Mrs				Miss				Ms				Dr				
First Name*																					
Middle Name																					
Last Name*																					
Any Former Name																					
Gender*	Male				Female														If there are more than two directors, additional directors' forms shall be obtained from our website at www.orc.gov.gh		
Date of Birth*	D	D	M	M	Y	Y	Y	Y													
Place of Birth*																					
Nationality*																					
Occupation*																					
Mobile No 1*																					
Mobile No 2																					
Fax																					
Email Address*																					
TIN*																					
Ghana Card(National Identity Card)*					GHA -																
Without TIN	Fill the GRA TIN Form attached																				
Residential Address																				This address when provided will not appear on public record, unlike that of the Company.	
Digital Address*																					
House/Building/Flat* (Name or House No.)/LMB																					
Street Name*																					
City*																					
District*																					
Region*																					
Country*																					
Occupational Address																			Provide your current workplace address.		
Digital Address*																					
House/Building/Flat* (Name or House No.)/LMB																					
Street Name*																					
City*																					
District*																					

<i>Region*</i>																			List the names of other Companies for which you serve as director
<i>Country*</i>																			
<i>Particulars of other Directorships*</i>																			
<i>Director's Signature*</i>	<div style="border-bottom: 1px solid black; height: 40px; width: 100%;"></div>																		
(K)																			
Director2	Statutory Declaration & Consent Letter																		
A person shall not be appointed a director if																	Kindly use the instructions given in section (J)		
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	Yes			No															
ii. Convicted of a criminal offence involving fraud or dishonesty																			
Tick applicable	Yes			No															
iii. Convicted of a criminal offence relating to the promotion, incorporation or management of a company that has become insolvent																			
Tick applicable	Yes			No															
<i>Statutory Declaration Form*</i>			<i>Consent Letter*</i>																
<i>Title</i>	Mr			Mrs			Miss			Ms			Dr						
<i>First Name*</i>																			
<i>Middle Name</i>																			
<i>Last Name*</i>																			
<i>Any Former Name</i>																			
<i>Gender*</i>	Male			Female															
<i>Date of Birth*</i>	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>											
<i>Place of Birth*</i>																			
<i>Nationality*</i>																			
<i>Occupation*</i>																			
<i>Mobile No 1*</i>																			
<i>Mobile No 2</i>																			
<i>Fax</i>																			
<i>Email Address*</i>																			
<i>TIN*</i>																			
<i>Ghana Card(National Identity Card)*</i>			GHA -																
<i>Without TIN</i>	Fill the GRA TIN Form attached																		
<i>Residential Address</i>																			
<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>																			
<i>Region*</i>																			
<i>Country*</i>																			
<i>Occupational Address</i>																			
<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*	<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div> </div>																			
(L) Particulars of Company Secretary																				
Professional qualification		Tick the applicable qualification(s) Attach Consent Letter Reference to Section 211 (1) and (3) of Act 992																		
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		Mrs		Miss		Ms		Dr											
First Name*																				
Middle Name																				
Last Name*																				
Any Former Name																				
TIN*																				
Ghana Card(National Identity Card)*	GHA -																			
Without TIN	Fill the GRA TIN Form attached																			
Gender*	Male		Female																	
Date of Birth*	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>												
Place of Birth*																				
Nationality*																				
Occupation*																				
Mobile No 1*																				
Mobile No 2																				
Fax																				
Email Address*																				
Residential Address																				
Digital Address*																				
House/Building/Flat* (Name or House No.)/LMB																				
Street Name*																				
City*																				
District*																				
Region*																				

Country*																			
Email Address*																			
Signature*																		
(M) In Case the Company Secretary is a Body Corporate																			
Corporate Name*																			<p>The Corporate Body must have as one of its subscribers or operating officers a person who qualifies to be a Company Secretary.</p> <p>The Corporate Representative must hold at least one of the qualification(s) of secretary stated above</p> <p>Reference to section 211 (2) Act 992</p>
Corporate TIN*																			
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)*																			
Signature(Corporate Representative)*																		
Corporate Stamp*																		
Attested by																			<p>For authentication purposes, two officers of the company are to sign their signatures together with a seal or stamp of the company</p> <p>Reference to section 150 (1) (D) (i) Act 992</p>
Director*	TIN*																		
Ghana Card(National Identity Card)*																			
Name*																			
Signature*																		
Secretary*	TIN*																		
Ghana Card(National Identity Card)*																			
Name*																			
Signature*																		
Or in the Alternative																			
Director*	TIN*																		
Ghana Card(National Identity Card)*																			
Name*																			
Signature*																		
Director*	TIN*																		
Ghana Card(National Identity Card)*																			
Name*																			
Signature*																		

Secretary*	TIN*																
Ghana Card(National Identity Card)*		GHA -															
Name*																	
Signature*	<div style="border-bottom: 1px solid black; height: 40px; width: 100%;"></div>																
(N) Auditor of the Company																	
TIN*																	<p>A person shall be appointed an Auditor of a private company if that person is qualified and licensed in accordance with the Chartered Accountants Act, 1963 (Act 170). See section 138 (1) and (2) of Act 992.</p> <p>Applicant needs to attach an Auditor's consent letter to this application before submission.</p> <p>All Auditors shall hold office for a term of not more than six years and are eligible for appointment after a cooling-off period of not less than six years. Refer to section 139 (11)</p>
Ghana Card(National Identity Card)*	GHA -																
Auditor's Firm Name*																	
Digital Address*																	
Auditor's Firm Address*																	
P.O.Box																	
PMB/DTD*																	
House/Building/Flat (Name or House No.)/LMB*																	
Street Name*																	
City*																	
District*																	
Region*																	
Mobile No.*																	
Office No.																	
Consent Letter*	Attach Consent Letter from Auditor																
(O) Details of Shares and Stated Capital																	
Authorised Shares*																	<p>State clearly the total amount of the proposed Authorized Shares and the Stated Capital</p> <p>All shares are of no par value</p> <p>Also state all the relevant details about the company shares</p> <p>The amount Paid in Cash of Each Class and</p> <p>Amount Remaining to be Paid on Each Class must not exceed stated capital</p> <p>Equity Shares, previously known as Ordinary shares</p> <p>Amount Remaining to be Paid on Each Class must be stated, if it is applicable to the company</p>
Stated Capital*	GHC																
Number of Authorised Shares of Each Class																	
Equity Shares*																	
Preference Shares																IF ANY	
Number of Issued Shares of Each Class																	
Equity Shares*																	
Preference Shares																IF ANY	
Amount Paid In Cash of Each Class:																	
Equity Shares*	GHC																
Preference Shares	GHC															IF ANY	
Amount Paid Otherwise than in Cash of Each Class																	
EquityShares	GHC																
Preference Shares	GHC															IF ANY	
Amount Remaining to be Paid on Each Class																	
Equity Shares(Unpaid)	GHC																
Equity Shares (Due)	GHC																

Preference Shares (Unpaid)	GHC																
Preference Shares(Due)	GHC																
(P) Address and Description of Subscriber - Individual																	
This Section Must Be Filled with or Without a Registered Constitution																A subscriber is somebody who agrees to become a member of the company by the taking up shares at the inception of the company	
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																	
Subscriber 1	Mr		Mrs		Miss		Ms		Dr								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)
First Name*																	
Middle Name																	
Last Name*																	
Any Former Name																	
TIN*																	
Ghana Card(National Identity Card)*			GHA -														
Without TIN		Fill the GRA TIN Form attached															
Gender*	Male				Female												
Date of Birth*	D	D	M	M	Y	Y	Y	Y									
Place of Birth*																	
Nationality*																	
Occupation*																	
Digital Address*																	
Address*																	
No. of Shares to be Taken*																	
Consideration Payable in Cash*	GHC																
Signature*																
(Q) Address and Description of Subscriber - Individual																	
Subscriber 2	Mr		Mrs		Miss		Ms		Dr								Kindly use the instructions given in section (P)
First Name*																	
Middle Name																	
Last Name*																	
Any Former Name																	
TIN*																	
Ghana Card(National Identity Card)*			GHA -														
Without TIN		Fill the GRA TIN Form attached															
Gender*	Male				Female												
Date of Birth*	D	D	M	M	Y	Y	Y	Y									
Place of Birth*																	
Nationality*																	
Occupation*																	
Digital Address*																	
Address*																	
No. of Shares to be Taken*																	
Consideration Payable in Cash*	GHC																
Signature*																

(R) In Case the Subscriber is a Body Corporate																				
Corporate Name*																				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*																				
Digital Address*																				
Corporate Address* H/No. LMB																				
P.O. Box/DTD/PMB*																				
No. of Shares to be Taken*																				
Consideration Payable in Cash*																				
Name of Person Representing the Corporate Subscriber*																				
TIN of Representative*																				
Signature (Corporate Representative)*	<div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>																			
Corporate Stamp*																				
Attested by																				For authentication purposes, two officers of the company are to sign their signatures together with a seal or stamp of the company
Director*	TIN																			
Ghana Card(National Identity Card)*																				
Name*																				
Signature*	<div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>																			
Secretary*	TIN																			
Ghana Card(National Identity Card)*																				
Name*																				
Signature*	<div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>																			
Or in the Alternative																				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
Director*	TIN																			
Ghana Card(National Identity Card)*																				
Name*																				
Signature*	<div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>																			
Director*	TIN																			
Ghana Card(National Identity Card)*																				
Name*																				
Signature*	<div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>																			
Secretary*	TIN																			
Ghana Card(National Identity Card)*																				

Name*																	
Signature*																	
(S) Shares In Trust for Minor(s)																	
Address and Description of Trustee - Individual																Individual or Corporate Bodies that may be holding shares for minors	
TIN*																	
Ghana Card(National Identity Card)*	GHA -																
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	GHC																
Name (Minor)*																	
Date of Birth*	D	D	M	M	Y	Y	Y	Y									
Identification Type(ID)																	
ID Reference Number																	
Signature(Trustee)*																	
(T) In Case the Trustee is a Body Corporate																	
Corporate Name*																	
Corporate TIN*																	
Corporate Address*																	
H/No. LMB																	
P.O. Box/DTD/PMB*																	
Corporate Stamp*																	
Attested by																	
Director*	TIN																
Ghana Card(National Identity Card)*	GHA -																
Name*																	
Signature*																	

Secretary*	TIN																	
Ghana Card(National Identity Card)*		GHA -																
Name*																		
Signature*	<div>.....</div>																	
Or in the Alternative																		
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
Ghana Card(National Identity Card)*		GHA -																
Name*																		
Signature*	<div>.....</div>																	
Director*	TIN																	
Ghana Card(National Identity Card)*		GHA -																
Name*																		
Signature*	<div>.....</div>																	
Secretary*	TIN																	
Ghana Card(National Identity Card)*		GHA -																
Name*																		
Signature*	<div>.....</div>																	
Declaration*	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.																	
No. of Shares to be Taken*																		
Consideration Payable in Cash*	GHC																	
Name (Minor)*																		
Date of Birth(Minor)*	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>										
Identification Type(ID)																		
ID Reference Number																		
(U) Witness to the above Signatures																		
Date*	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>										The form must be signed by all subscribers in the presence of a witness, who shall attest to the signing.
Full Name*																		
Witness Signature*	<div>.....</div>																	
Address*																		
Occupation*																		

(V) Beneficial Owner(BO)																			
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.															Section 35 (14) and (15) of Act 992				
SANCTIONS: Failure to disclose is an offence and will attract sanctions and penalties Fill the BO Form attached /Download from website www.orc.gov.gh																			
(W) MSME Details															This is to determine the size of the Company i.e. small scale business, medium scale business or large scale business				
Revenue Envisaged*																			
No. of Employees Envisaged*																			
(X) Business Operating Permit (BOP) Request																			
Apply for BOP Now					Apply for BOP Later					Already have a BOP									
Provide BOP Reference No.																			
Please fill where applicant (Director/Secretary/Subscriber/Trustee) cannot read or write																			
I....., resident of have carefully read over the contents of this form in the language to..... (Name of Person(s)) and the said person appeared to understand same before appending his / her thumbprint to same.															For this section print a copy for each person who cannot sign to thumb print				
..... Signature of the Witness																			
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> THUMB PRINT </div>																			
(Y)					For Office Use Only														
Date of Submission of Document*																			
Name of Company Inspector*																			
Filing Date*																			
Signature*																			
Important Information																			
MSME Classification in Ghana																			
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																			
Privacy Notice																			
Collection of Information: 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. Distribution of Information: This would be done as permitted or required by law / Companies Act 2019 (Act 992) Commitment to Data Security: 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)		