



**NATIONAL COMMUNICATIONS AUTHORITY
(NCA), GHANA**

**Customer Registration Form -
Company**

NCA FORM AP01B

This should be completed by Companies doing business with the Authority for the first time

Date:

(Submission Date)

Application Checklist. Tick (x) in box

- A completed application form
- Certificate of Incorporation
- Company Regulations including shareholding records
- Copy of National ID Card of the Authorised Representative

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Customer Registration Form - Company

This should be completed by Companies doing business with the Authority for the first time

1.0 Administrative Information (to be filled by Applicant)		
1.1	Registered Name of Company	A PLUS MEDIA
1.2	Registered Trade Name (if any)	
1.3	Country of Registration	GHANA
1.4	Taxpayer Identification Number (TIN)	C006365010X
1.5	Company Registration Number from the Registrar General Department	CS003790124
1.6	Company Registration Expiry Date	
1.7	Date of Incorporation	11 TH JANUARY, 2024
1.8	Physical Location / Registered Office (Name of Building)	GT-785-5829, HOUSE NUMBER AC 13, NEAR KFC, COMMUNITY 15, SPINTEX ROAD
1.9	Street Name/Number	SPINTEX ROAD
1.10	Country	GHANA
1.11	Region	GREATER ACCRA
1.12	District	TEMA
1.13	Town/City	TEMA
1.14	Postal Address	P. O. BOX SR 450, SPINTEX
1.15	Digital Address (GhanaPost GPS)	GT-785-5829
1.16	Telephone	
1.17	Mobile Phone	0245544544
1.18	Website	
1.19	E-Mail Address	KWAMEAPLUS@GMAIL.COM
1.20	Fax (where applicable)	
1.21	Number of Employee(s)	
1.22	Date of Creation	For Administrative Use Only
1.23	Date of Last update	For Administrative Use Only
1.24	Applicant Category	For Administrative Use Only

2. Directors / Shareholders (to be filled by Applicant)				
2.1 Directors				
No.	Name of Directors	Nationality	Address	Tax Identification Number (TIN)
1	ASARE OBENG	GHA	AC13, SPINTEX, ACCRA	P0007612923

2	VIOLET BANNERMAN QUAYE	GHA	ACCRA, GHANA	P0006386156

2.2 Shareholders (holding 5% or more shares)

No.	Names of Shareholders	Share-holding (%)	Nation-ality	Address	Tax Identifica-tion Number (TIN)
1	ASARE OBENG	100	GHA	AC13, SPINTEX, ACCRA	P0007612923

NOTE:

- If needed please use more than one copy of this page.

3. Technical Contact- person to be contacted on Technical/Engineering issues

(to be filled by Applicant)

3.1	Title	MR
3.2	Position	DIRECTOR
3.3	First Name	ASARE
3.4	Middle Name	
3.5	Surname	OBENG
3.6	Telephone	
3.7	Mobile Phone	0245544544
3.8	Website	
3.9	E-mail Address	

4. Financial Contact- person to be contacted with respect to invoices and payments

(to be filled by Applicant)

4.1	Title	MR
4.2	Position	DIRECTOR

4.3	First Name	ASARE
4.4	Middle Name	
4.5	Surname	OBENG
4.6	Telephone	
4.7	Mobile Phone	0245544544
4.8	Website	
4.9	E-mail Address	

5. AUTHORISED REPRESENTATIVE - Person authorised to sign documents and apply for services		
5.1	First Name	ASARE
5.2	Middle Name	
5.3	Surname	OBENG
5.5	Telephone	
5.6	Mobile Phone	0245544544
5.7	Website	
5.8	E-mail Address	

6. Attached Documents (to be attached by Applicant)		
No.	Document Name	Check if attached
6.1	Company Registration Certificate (copy)	✓
6.2	Company Regulations (copy)	✓
6.3	Valid National ID of the Authorised Representative(s) (copy)	✓
6.4	Tax Clearance Certificate (Not applicable to start ups)	
6.5	SSNIT Clearance Certificate (Not applicable to start ups)	
6.6	Any Other Relevant Document(s)	✓

7. Service(s) Applied for	
1.	COMMERCIAL AUDIO BROADCASTING AUTHORISATION
2.	
3.	
4.	

8. Undertaking:

I/We **A PLUS MEDIA** hereby certify that the information supplied in this application form is true in all respects and I/We hereby give undertaking that upon grant of the Licence/Authorisation, I/We shall abide by the terms and conditions upon which the Licence/Authorisation is granted. I/We accept that my/our Licence/ Authorisation may be revoked and the appropriate penalty/ penalties applied if it is established that I/We have been granted Licence/Authorisation based on incorrect information. I/We further undertake to abide by all existing ITU Regulations and Communications laws of the country as well as other rules, regulations and directives that may be issued.

Date of Submission: __/__/__
dd / mm / yy

Signature of Authorised Representative/Seal:

9.0 For Administrative use Only

9.1	Customer ID	
9.2	Name of Employee who received the application	

Date of Application receipt: __/__/__
dd / mm / yy

Signature/Seal: