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|--|--|--|---------------------|--|--|------------|--|--|--------------------|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| (E) | | Registered Address of SBN or Corporate Body | | | | | | | | | | | | | | | | | | | | | | | |
| Is the Principal place of Business the same as the Registered Office Address? | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>If Yes (Tick the box and proceed with other Place of Business)</i> | | | | | | | | | | <i>If No (Provide Details)</i> | | | | | | | | | | | | | | | |
| Digital Address* | | | | | | | | | | | | | | | | | | | | | | | | | |
| House/Building/Flat (Name or House No.)/LMB* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Name* | | | | | | | | | | | | | | | | | | | | | | | | | |
| City* | | | | | | | | | | | | | | | | | | | | | | | | | |
| District* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Region* | | | | | | | | | | | | | | | | | | | | | | | | | |
| (F) | | Other Place of Business | | | | | | | | | | | | | | | | | | | | | | | |
| Digital Address | | | | | | | | | | | | | | | | | | Businesses that have multiple operational locations must complete this section. Supplementary sheets can be found on our website www.rgd.gov.gh | | | | | | | |
| House/Building/Flat (Name or House No.)/LMB | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | |
| District | | | | | | | | | | | | | | | | | | | | | | | | | |
| Region | | | | | | | | | | | | | | | | | | | | | | | | | |
| (G) | | 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* | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| (H) | | Contact | | | | | | | | | | | | | | | | | | | | | | | |
| Phone No 1* | | | | | | | | | | | | | | | | | | Applicants are to provide at least, one mobile phone number and an email address. | | | | | | | |
| Mobile No 1* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fax | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address* | | | | | | | | | | | | | | | | | | This is to assist the Subsidiary Business Names send out notices. | | | | | | | |
| Website | | | | | | | | | | | | | | | | | | | | | | | | | |
| (I) | | MSME Details | | | | | | | | | | | | | | | | | | | | | | | |
| Revenue Envisaged* | | | | | | | | | | | | | | | | | | This is to determine the size of the Subsidiary Business Names i.e. small scale business, medium scale business or large scale business | | | | | | | |
| No. of Employees Envisaged* | | | | | | | | | | | | | | | | | | | | | | | | | |
| (J) | | Business Operating Permit (BOP) Request | | | | | | | | | | | | | | | | | | | | | | | |
| Apply for BOP Now | | | Apply for BOP Later | | | | | | Already have a BOP | | | | | | | | | | | | | | | | |
| Provide BOP Reference No. | | | | | | | | | | | | | | | | | | | | | | | | | |
| (K) | | DECLARATION(Director/Secretary) | | | | | | | | | | | | | | | | | | | | | | | |
| TIN* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ghana Card(National Identity Card)* | | GHA - | | | | | | | | | | | | | | | | | | | | | | | |
| Name* | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stamp / Seal of the parent Company* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature* | | | | | | | | | | | | | | | | | | | | | | | | | |
| (L) | | For Office Use Only | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Submission of Document* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Company Inspector* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Date* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature* | | | | | | | | | | | | | | | | | | | | | | | | | |

| Important Information | | | | |
|--|----------------------------------|-------------------------------|-------------------------------|--|
| MSME Classification in Ghana | | | | |
| Subsidiary Business Names Category | Employment Size(Permanent staff) | 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 Subsidiary Business Names 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 /Act 151 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 Subsidiary Business Names , Change of Address etc. | | | | |
| Annual Renewal | | | | |
| BUY or Download Business Renewal Form Fee of 25GHC for a year | | | | |
| Check List (✓) | | | | |
| Please make sure you have complied with the following | | | | |
| The document has been signed at all indicated places | | | | |
| Filled TIN Form(s), if any | | | | |