# FORM OF ANNUAL RETURN OF A COMPANY

**THE COMPANIES ACT, 2019 (ACT 992)**

FILL ALL FORMS IN BLOCK LETTERS, AND LEAVE SPACES IN BETWEEN WORDS

PLEASE SPELL OUT ALL WORDS WITH NO ABBREVIATIONS

**OFFICE OF THE REGISTRAR OF COMPANIES**

ALL FIELDS MARKED WITH AN ASTERISK (*) INDICATES A MANDATORY FIELD

**A fee is payable with 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)**

| | | | |
|---|---|---|---|
| ☐ | Private Limited | ☐ | Private Unlimited |
| ☐ | Public Limited | ☐ | Public Unlimited |

Tick your company type.

*TIN*

*Registration number*

*Company Name**

Name should be exact as registered, should there have been any Change of Name after registration do state the new name
The Registration Number is stated at the top left side of the Registration Certificate

*Presented By**

**TIN***

Full name and TIN of the natural person or legal entity submitting documents to the Registrar of Companies

**(B) Nature of Business/Sector(s)* Objects for Companies limited by Guarantee**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Legal | ☐ | Estate/Housing | ☐ | Media | ☐ | Transport/Aerospace | |
| 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*(Please Specify)* | |
| Oil and Gas | ☐ | Manufacturing | ☐ | Commerce/ Trading | ☐ | | |
| Construction | ☐ | Pharmaceutical | ☐ | Banking and Finance | ☐ | | |
| Telecom/ICT | ☐ | Security | ☐ | Sanitation | ☐ | | |

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".

| | |
|---|---|
| *Date of Financial Statment: | **D D M M Y Y Y Y** |
| *Date of AGM: | **D D M M Y Y Y Y** |
| *Date of Lodgment made up to the | **D D M M Y Y Y Y** |
| *No. of Employees Envisaged | **D D M M Y Y Y Y** |
| *Revenue Envisaged: | **D D M M Y Y Y Y** |

Use the appropriate date on the Audited Financial Statement, and Annual General Meeting . The date of lodgment is the date of filling

**(C) Registered Office Address**

*Digital Address**

*House/Building/Flat* (Name or House No.)/LMB*

*Street Name**

*City**

*District**

*Region**

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.
Obtain a digital address by downloading the Ghana Post GPS app onto any smart phone.
To get an accurate address, stand at the entrance of the said location or office,
Applicants are to ensure that the digital address provided matches with the Registered Office address.

**(D) 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**

*P. O.Box PMB/DTD**

*District**

*Region**

Provide the address of your office, the Street name, City, District and Region as indicated on the current profile

**(E) Other Place of Business**

*Digital Address*

*House/Building/Flat* (Name or House No.)/LMB

*Street Name*

Companies that have multiple operational locations must complete this section.
Supplementary sheets can be found on our website www.orc.gov.gh

| | | |
|---|---|---|
| *City* | | |
| *P. O. Box /PMB/DTD** | | |
| *District* | | |
| *Region* | | |
| **(F)** | **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 holds 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** | | |
| *P. O. Box /PMB/DTD** | | |
| *District** | | |
| *Region** | | |
| **(G)** | **Situation of Register of Members / Debenture Holders** | |
| *Digital Address** | | A Register of Members is a Register that holds 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** | | |
| *P. O. Box /PMB/DTD** | | |
| *District** | | |
| *Region** | | |
| **( H )** | **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** | | |
| *Location/Area** | | |
| *Region** | | |
| **( J )** | **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 send out notices. |
| *Phone No 2* | | |
| *Mobile No 1** | | |
| *Mobile No 2* | | |
| *Fax* | | |
| *Email Address** | | |
| *Website* | | |
| **(J)** | **Summary of Stated Capital, Shares and Debentures** | |
| Stated Capital | **GH¢** | *Use the current stated capital and consideration as filed with the ORC* |
| Total proceeds of every issue of shares issued for cash,( including any amounts paid on calls made on shares issued with an unpaid liability, without any deductions for expenses or commissions : | **GH¢** | |
| Total value of consideration paid (as stated in the Agreement), received for every issue of shares otherwise than in cash | **GH¢** | |
| Total amount transferred to stated capital from Reserves as defined in section 70 including the credit balance on the share deals account referred to in section 65 of this Act. | **GH¢** | *Indicate the amount of Reserves tranferred to the Stated Capital. If any* |
| **Total:** | **GH ¢** | |

| | | | |
|---|---|---|---|
| **(k)** | **Issued Shares and Debentures** | | |
| Number of Authorised shares of each class | Ordinary Shares | | State clearly the current Authorized shares |
| | Preference shares | | |
| Number of Issued shares of each class | Ordinary Shares | | The number of Shares issued out of the Authorized shares |
| | Preference shares | | |
| Number of Treasury shares of each class | Ordinary Shares | | The number of Shares issued out of the Authorized shares |
| | Preference shares | | |
| Total amount of calls unpaid which are due and payable on each class | Ordinary Shares | | |
| | Preference shares | | |
| | | | |
| Total Number of forfeited shares for each class | Ordinary Shares | | |
| | Preference shares | | |
| Total amount paid (if any) on forfeited shares | Ordinary Shares | | |
| | Preference shares | | |

## Particulars of indebtedness

| | |
|---|---|
| Total amount of indebtedness of the company in respect of all mortgages and charges which are required to be registered with the Office of the Registrar of Companies under the Companies Act , 2019 (Act 992) | indicate the total amount of inbebtedness |

**( L )** **Particulars of Directors of the Company (Particulars of the persons who are Directors of the Company at the date of this Return)**

**Director**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *TIN* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Title* | **Mr** | | | **Mrs** | | | | **Miss** | | | | **Ms** | | | | | | | | | | | | | | | | | | | **Dr** |
| *First Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Middle Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Last Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Any Former Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Gender** | **Male** | | | **Female** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Residential Address*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Digital Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *House/Building/Flat** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(Name or House No.)/LMB* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Street Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *City** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *P. O. Box /PMB/DTD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *District** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Region** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Country** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Particulars of other Directorships** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Director's Signature** | ..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

List the names of other Companies for which you serve as director

Signature of the director as at the time of incoporation. Incase of change of signature fill the change of offires detail form in addition

*''Director'' includes any person who occupies the position of a director by whatsoever name called and any person in accordance with whose directions or instructions the directors of the company are accustomed to act. The names of all bodies corporate incorporated in Ghana of which the director is also a director should be given, except bodies corporate of which the company making the return is the wholly owned subsidiary or bodies corporate which are the wholly owned subsidiaries either of the company or another company of which the company in the wholly owned subsidiary. A body corporate is deemed to be the wholly owned subsidiary of another if it has no members except at other and that other's wholly subsidiaries and its or their nominees. If the space provided in the form is insufficient, particulars of other directorship should be listed on a separate statement attached to this Return.

**( M )** **Director**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *TIN* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Title* | **Mr** | | | **Mrs** | | | | **Miss** | | | | **Ms** | | | | | | | | | | | | | | | | | | | **Dr** |
| *First Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Middle Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Last Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Any Former Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Gender** | **Male** | | | **Female** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Residential Address*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Digital Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *House/Building/Flat** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(Name or House No.)/LMB* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Street Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *City** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *P. O. Box /PMB/DTD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *District** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Region** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*The names of all bodies corporate incorporated in Ghana of which the director is also a director should be given, except bodies corporate of which the company making the return is the wholly owned subsidiary or bodies corporate which are the wholly owned subsidiaries either of the company or another company of which the company in the wholly owned subsidiary. A body corporate is deemed to be the wholly owned subsidiary of another if it has no members except at other and that other's wholly subsidiaries and its or their nominees. If the space provided in the form is insufficient, particulars of other directorship should be listed on a separate statement attached to this return.

| | | |
|---|---|---|
| *Country** | | |
| *Particulars of other Directorships** | | List the names of other Companies for which you serve as director |
| *Director's Signature** | ..... | Signature of the director as at the time of incoporation. In case of change of signature fill the change of officers detail form in addition |
| **( N )** | **Particulars of Company Secretary** | |
| *TIN* | | Provide the information of the currrent Secretary |
| *Title* | **Mr** **Mrs** **Miss** **Ms** **Dr** | |
| *First Name** | | |
| *Middle Name** | | |
| *Last Name** | | |
| *Any Former Name** | | |
| *Gender** | **Male** **Female** | |
| *Date of Birth** | **D D M M Y Y Y Y** | |
| *Place of Birth** | | |
| *Nationality** | | |
| ***Residential Address*** | | |
| *Digital Address** | | |
| *House/Building/Flat* (Name or House No.)/LMB* | | |
| *Street Name** | | |
| *City** | | |
| | | |
| *District** | | |
| *Region** | | |
| *Country** | | |
| *Occupation** | | |
| *Mobile No 1** | | |
| *Mobile No 2* | | |
| *P.O.Box / PMB / DTD ** | | |
| *Email Address** | | |
| *Secretary's Signature** | ..... | |
| **(O)** | **In Case of Corporate Body Acting as Company Secretary** | |
| *Corporate Name** | | Provide the information of the Corporate Secretary including the human representative assigned by the coporate body for this company. |
| *Corporate TIN** | | |
| *Digital Address** | | |
| *Corporate Address H/No. LMB** | | |
| *P.O. Box/DTD/PMB** | | |
| *Name of Person Representing the Corporate Secretary** | | |
| *TIN of Representative** | | |
| *Signature(Corporate Representative)** | ..... | Signature of the assigned coporate representative for this company |
| *Corporate Stamp** | ..... | Use the official stamp of the Coporate Body known to the ORC for this Coporate boby |
| **(P)** | **Directors and Secretary Signatures:** | |
| **Director 1** | **TIN** | Directors should sign against their corresponding title, Director 1 & Director 2 as indicated in page 3 and 4 |
| *Name** | | |

| | |
|---|---|
| *Signature** | ..... |

Secretary's Signature*

| | |
|---|---|
| Name* | |
| | |
| Signature* | |

**(Q) List of Past and Present Shareholders / Subscribers**

**Shareholder / Subscriber**

Folio in Register Ledger containing Particulars

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *TIN* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Title* | **Mr** | | | **Mrs** | | | | **Miss** | | | | **Ms** | | | | | | | | | | | | | | | | | | | **Dr** |
| *First Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Middle Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Last Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Any Former Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Gender** | **Male** | | | **Female** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Date of Birth** | ***D*** | ***D*** | ***M*** | ***M*** | ***Y*** | ***Y*** | ***Y*** | ***Y*** | | | | | | | | | | | | | | | | | | | | | | | |
| *Place of Birth** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Nationality** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Occupation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Mobile No 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Mobile No 2* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Digital Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Residential Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *P.O.Box / PMB / DTD ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *District** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Region ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Email Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL SHARES HELD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VALUE OF SHARES HELD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Provide the information of all Subscribers for a Company Limited by Guarantee. For a company limited by shares provide information of curent shareholders and the corresponding shares held .If the return for either of the two immediately preceding years has been given as at the date of that return, the full particulars required as to past and present members and the shares and stock held and transferred by them, only such of the particulars need to be given as relate to persons ceasing to be or becoming members since the daet of the last return and to shares transferrd since that date or to changes as compared with that date in the amount of stock held by a member. If only particulars of changes are given, the heading to the List should be marked ''Particulars of change only''

ACCOUNT OF SHARES

**Shareholder / Subscribers**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Folio in Register Ledger contai* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *TIN* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Title* | **Mr** | | | **Mrs** | | | | **Miss** | | | | **Ms** | | | **Dr** | | | | | | | | | | | | | | | | |
| *First Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Middle Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Last Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Any Former Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Gender** | **Male** | | | **Female** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Date of Birth** | ***D*** | ***D*** | ***M*** | ***M*** | ***Y*** | ***Y*** | ***Y*** | ***Y*** | | | | | | | | | | | | | | | | | | | | | | | |
| *Place of Birth** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Nationality** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Occupation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Mobile No 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Mobile No 2* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Digital Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Residential Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *P. O. Box /PMB/DTD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *District* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Region* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Email Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NUMBER OF SHARES HELD BY EXISTING SHAREHOLDER AT DATE OF RETURN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VALUE OF SHARES HELD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*Provide the information of all Shareholders/Subscribers for a Company limited by Shares/Guarantee. For a company limited by Shares provide information of curent shareholders and the corresponding shares held . In case Shareholders /Subscribers are more than 2, Supplementary sheets can be downloaded from our website www.orc.gov.gh to complee this Return*

Particulars of shares Transferred since the date of the last return, or in the case of the first return of the incorporation of the company, by (a) persons who are still shareholders of the company and (b) persons who have ceased to be members

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| Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Registration of Transfer: (a) (dd/mm/yyyy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Registration of Transfer: (b) (dd/mm/yyyy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Remarks | |
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**Shareholder/Subsciber**

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| *TIN* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Title* | **Mr** | | | **Mrs** | | | | **Miss** | | | | **Ms** | | | | | | | | | | | | | | | | | | | **Dr** |
| *First Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Middle Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*Provide the information of all Shareholders/Subscribers for a Company limited by Shares/Guarantee. For a company limited by Shares provide information of curent shareholders and the corresponding shares held . In case Shareholders /Subscribers are more*

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| *Last Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Any Former Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Gender** | **Male** | | | **Female** | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Date of Birth** | ***D*** | ***D*** | ***M*** | ***M*** | ***Y*** | ***Y*** | ***Y*** | ***Y*** | | | | | | | | | | | | | | | | | | | | | |
| *Place of Birth** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Nationality** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Occupation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Mobile No 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Mobile No 2* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Digital Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Residential Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *P. O. Box /PMB/DTD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *District* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Region* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Email Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NUMBER OF SHARES HELD BY EXISTING SHAREHOLDER AT DATE OF RETURN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VALUE OF SHARES HELD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*than 2, Supplementary sheets can be downloaded from our website www.orc.gov.gh to complee this Return*

Particulars of shares Transferred since the date of the last return, or in the case of the first return of the incorporation of the company, by (a) persons who are still shareholders of the company and (b) persons who have ceased to be members

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| Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Registration of Transfer: (a) (dd/mm/yyyy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Registration of Transfer: (b) (dd/mm/yyyy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Remarks

**Corporate shareholders / Subscriber**

Folio in Register containing Particulars

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| *Corporate Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Corporate TIN*/Registration N* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Digital Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Corporate Address* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *H/No. LMB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *P.O. Box/DTD/PMB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Name of Person* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Representing the* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Corporate Secretary** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *TIN of Representative** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Provide the information of the Corporate Shareholder/Subscriber including the human representative assigned by the coporate body for this company. In case there are more Corporate shareholders/Subscribers than space provided, kindly download the Supplementary Form from our website www.orc.gov.gh to complete this Return.

*ACCOUNT OF SHARES*

*No. of Shares held by Existing Shareholder at date of Return*

*Particulars of shares transferred since the date of the last Return , or in the case of the first Return of the the incorporation of the company, by (a) th Corporaate body who is still a shareholder and (b) the corporate body that has ceased to be a shareholder*

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| NUMBER OF SHARES HELD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VALUE OF SHARES HELD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Registration of Transfer (a) (dd/mm/yyyy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b) (dd/mm/yyyy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Remarks

**Corporate shareholders / Subscriber**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Corporate Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Corporate TIN/Registration Nu* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Digital Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Corporate Address* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *H/No. LMB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *P.O. Box/DTD/PMB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Provide the information of the Corporate Secretary including the human representative assigned by the coporate body for this company.

| | |
|---|---|
| *Name of Person Representing the Corporate Secretary** | |
| *TIN of Representative** | |

*ACCOUNT OF SHARES*

*No. of Shares held by existing Corporate Shareholder at Date of Return*

*ē*

| | |
|---|---|
| NUMBER OF SHARES HELD | |
| VALUE OF SHARES HELD | |
| Date of registration of Transfer (a) | (dd/mm/yyyy) |
| *(b)* | dd/mm/yyyy) |
| Remarks | |

**(R)** **List of current known Beneficial Owners**

| | |
|---|---|
| *TIN* | |
| *First Name** | |
| *Middle Name** | |
| *Last Name** | |
| *TIN* | |
| *First Name** | |
| *Middle Name** | |
| *Last Name** | |
| *TIN* | |
| *First Name** | |
| *Middle Name** | |
| *Last Name** | |

Please provide the details of existing Beneficial Owner/s. Fill in additional Beneficial Owner Forms if need be downloadable from our website www.orc.gov.gh. If the Beneficial Owner has not been filed prior to this day, pick a Beneficial Owner Form and fill it in addition to the Annual Returns

**Certified copies of Accounts**

*Except where the company is either an exempted body corporate as defined by section 281 (6) of the Companies Act, 2019, (Act 992)which sends with this return a certificate in the form set out below, there must be annexed to this return a written copy, certified both by a director and by the secretary of the company to be a true copy of every balance sheet circulated to the members and debenture-holders for the period to which this return relates in pursuance of section 128 of the Companies Act, 2019 (Act 992). If any such balance sheet or document required by law to be annexed thereto is in a foreign language there must also be annexed to that balance sheet a translation*

**(S)** **The nature of the authorised business or objects**

| (T) | Subsidiary Companies and Bodies Corporate in which The Company is a beneficiary entitled to 25% voting rights | |
|---|---|---|
| ***Name of Company*** | ***Country of Incorporation*** | ***Nature of Business/Object*** |
| | | |

| *Attested by* | | *For authentication purposes, two officers of the company are to sign their signatures together with a seal or stamp of the company Reference to section 150 (1) (D) (i) Act 992* |
|---|---|---|
| **Director** | **TIN** | |
| *Name** | | |
| *Signature** | ..... | |
| **Secretary** | **TIN** | |
| *Name** | | |
| *Signature** | ..... | |

| (U) | Certificate appropriate to a Private Company only |
|---|---|
| WE CERTIFY that (a) the number of Members and debenture-holders of the Company does not exceed fifty/ or that any excess of the number of Members of the Company over fifty consists wholly of persons who under paragraph (b) of Subsection (4) of Section 7 of The Companies Act, 2019, (Act 992) are not to be included in reckoning the number of fifty | |
| Delivered for filing by: First Name: ..... Middle Name: ..... Surname: ..... | |

| (V) | For Office Use Only |
|---|---|
| *Date of Submission of Document** | |
| *Name of Company Inspector** | |
| *Filing Date** | |
| *Signature** | |