

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

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

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Registration num	ber																									\dashv				
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Company Name*																										П				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
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Presented By*																														Full name and TIN of the natural person or legal
																														entity submitting documents to the Registrar of
							TII	N*																		T				Companies
(B)		-					Natu		f Bu	isine	ess/	Sect	or(s)* 0	bje	cts fo	or C	omp	ani	es li	mite	d by	Gua	aran	tee				_	
Legal	Est	ate/	Hou	sing		Med					T	_	nspo	_																Choose your sector by ticking the box next to it.
Utilities		ucati				_	ping	. & P	ort			_	ate/																	Specify sector(s).
Tourism		arry		ning	+	_	pital					_	hion				ion													If your sector is not listed, write your sector in the space provided for "others".
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Telecom/ICT		curity	_			_	itatio																							
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*Date of AGM:						D	D	M	M	Y	Y	Y	Y	1																Financial Statement, and Annual General
*Date of Lodgme	nt made	up to	the			D	D	M	M	Y	Y	Y	Y	İ																Meeting . The date of lodgment is the date of filling
*No. of Employee		_				D				Y	Y	Y	Y	İ																illing
*Revenue Envisag						D	D	M	M	Y	Y	Y	Y	1																
(C)														Reg	giste	red	Offi	ce A	lddr	ess										
Digital Address*																														Per section 13 (2) (d) of Act 992 every Company
House/Building/	Flat*																													must have a Registered Office and this is the
(Name or House	No.)/LM	В																												address to which the Registrar of Companies may send correspondence.
																														Obtain a digital address by downloading the
Street Name*																														Ghana Post GPS app onto any smart phone.
																														To get an accurate address, stand at the entrance of the said location or office,
City*																														Applicants are to ensure that the digital address
District*																														provided matches with the Registered Office
Region*																														address.
(D)			•	•		•				•		•		Prir	cip	al Pl	ace	of B	Busir	iess									•	
Is the Principal	place o	f Bus	ines	ss th	e saı	me a	s the	Re	gist	ered	l Off	ice A	lddr	ess	?															
If Yes (Tick the	box and	proce	eed v	vith (other	r Pla	ce of	Busi	ness	:)								1	If No	(Pro	ovide	Det	ails)						
Digital Address*																														
House/Building/	Flat																													Provide the address of your office, the Street
(Name or House	No.)/LM	B^*																												name, City, District and Region as indicated on the current profile
																														The current profile
Street Name*																														
City*																														
P. O.Box PMB/DT	"D*																													
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Region*																														
(E)			•		•							•		Ot	her	Plac	ce o	Bu:	sine	SS	•									•
Digital Address																														Companies that have multiple operational
House/Building/	Flat																													locations must complete this section.
(Name or House	No.)/LM	В																								T				Supplementary sheets can be found on our website www.orc.gov.gh
Street Name																										\Box				

City																									
P. O. Box /PMB/DTD*																									
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Region																									
(F)	Addre	ss at	which I	Registe	er of N	Memb	ers	will	be k	ept a	nd r	nair	ıtaine	d (ii	elsev	whe	ere th	ıan	at tl	ie Re	giste	ered	Offi	ce)	
Digital Address*																									A Register of Members is a Register that holds
House/Building/Flat																									the names and addresses of members of an
(Name or House No.)/LMB*																									incorporated Company. It is required that every company keeps and
Street Name*																									maintains a Register of its Members at a
City*																									location in the country.
P. O. Box /PMB/DTD*																T									7
District*																									7
Region*																+									7
(G)							_					_						\perp			-				
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(Name or House No.)/LMB*											_				-	-		_	_						It is required that every company keeps and
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City*																									location in the country.
P. O. Box /PMB/DTD*																									
District*																									
Region*																									
(H)										Pos	stal A	Addı	ress												
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. I	зох		PMB		D	TD										·								and provide details as applicable.
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Region*																									7
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(J)				1 1					Cor	tact	t of t	he C	ompa	ny			Т	T		Τ					Applicants are to provide at least, one mobile
Phone No 1*									Cor	tact	t of t	he C	ompa	ny						Ι					phone number and an email address.
Phone No 1* Phone No 2									Cor	tact	t of t	he C	ompa	ny				I		I					phone number and an email address. This is to assist the Registrar of Companies send
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of each class

Total amount of calls

shares for each class

on forfeited shares

payable on each class
Total Number of forfeited

Total amount paid (if any)

unpaid which are due and Preference shares

Preference shares

Ordinary Shares

Ordinary Shares

Ordinary Shares

Preference 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)	Part	icula	ars	of D	irec	tors	of t	he C	omp	any	(Pai	rticu	ılars	of t	he p	ers	ons w	ho:	are l	Direc	tors	of th	ie C	omp	any	at tl	ıe da	te of this Return)
														Dire														*"Director" includes any person who occupies
TIN																												the position of a director by whatsoever name called and any person in accordance with whose
Title	M	r			Mrs	5			Miss	6		M	s															directions or instructions the directors of the
First Name*																												company are accustomed to act. The name
Middle Name*																												of all bodies corporate incorporated in Ghana o
Last Name*																												which the director is also a director should be given, except bodies corporate of
Any Former Name*																												which the company making the return is the
Gender*	Ma	le		F	ema	ıle																						wholly owned subsidiary or bodies corporate
Date of Birth*	D	D I	M	M	Y	Y	Y	Υ																				which are the wholly owned subsidiaries either of the company or another company of which
Place of Birth*																												the company in the wholly owned subsidiary. A
Nationality*																												body corporate is deemed to be the wholly
Occupation*																												owned subsidiary of another if it has no
Mobile No 1*																												members except at other and that other's wholly subsidiaries and its or their nominees. If
Mobile No 2																												the space
Fax																												provided in the form is insufficient, particulars
Email Address*																												other directorship should be listed on a separat statement attached to this Return.
Residential Address																												statement attached to this Return.
Digital Address*		\Box T																										
House/Building/Flat*																												
(Name or House No.)/LMB														T										Ľ				
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P. O. Box /PMB/DTD*																												
District*																												
Region*																												
Country*																												
Particulars of other																												List the names of other Companies for which
Directorships*																												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's Signature*																												
(M)														Dire														
TIN		Т	T													-												*The names of all bodies corporate incorporate
Title	М	r			Mrs	_			Miss			М	c															n Ghana of which the director is also a director
First Name*	—	•				Ī				Í									Т		1							should be given, except bodies corporate of
Middle Name*	+	\dashv												\dashv	+	\dashv	+	+	+	+	+	\vdash					\vdash	which the company making the return is the wholly owned subsidiary or bodies corporate
Last Name*		\dashv									\dashv		\vdash	\dashv			+	+	+									which are the wholly owned subsidiaries either
Any Former Name*																			+									of the company or another company of which
Gender*	Ma	le l	\dashv	E.	ema	le			Щ.	ш												1		1	1			the company in the wholly owned subsidiary. A
Date of Birth*		-	M		Y	γ	Y	Υ						Т	- 1	П		\neg	\neg		1		l					body corporate is deemed to be the wholly owned subsidiary of another if it has no
Place of Birth*	D	1	72	171	1	,	,	'						\dashv		-		+	+	-								members except at other and that other's
Nationality*		+	-										\vdash	\dashv			+	+	+	-	+							wholly subsidiaries and its or their nominees. If
Occupation*	+	\dashv					-		\vdash					\dashv			+	+	+	-	+	\vdash		-		\vdash		the space
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	+	\dashv												\dashv		-	-	+	+	_	-		-				\vdash	statement attached to this return.
Mobile No 2		\dashv	_			-							\vdash	\dashv			-+	+	+	-	-		-	1		\vdash		
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