In accordance with the
Companies Act 2019
(Act 992)

BO4
Beneficial Ownership Declaration Form:
Government Owned Companies



(7.60. 332)	Covernment	The Owned Companies						REPUBLIC OF GHANA	
Part A – The Company									
1. Purpose of Beneficial Ownersh	ip Informatio	n		Registra	ation of	f a new	company		
Submission (Please tick)							l Returns		
				Compar	ny Upd	late / Ar	mendmen	ts	
				Other (F					
2. Company Information									
Full legal name of Compar	ny:			ii.	TIN of	f Comp	any:		
iii. RGD number:				iv.	Coun	try of i	ncorporat	tion:	
						•	•		
Part B - The Beneficial Owner									
i. Name of government ag	jency:			ii.	Ac	ddress ((including	stree	et name, city, country,
					an	nd: Post	al/Zip cod	le:	
iii. Email address (if any):				iv.	C	ountry c	of Incorpor	ration	n (Please provide
m. Email address (ii arry).				77.					oration document)
							, ,	•	,
v. Nationality:				vi.				epres	entative for
					G	overnm	ent:		
vii. Current Role:				viii.		mail Ada	droce:		
VII. Current Noie.				viii. Email Address:					
ix. Contact number:									
Part D - Nature of Interest									
1. Is the government agency a dire		١	No (skip	to 2.)		Yes –	Direct		Yes – Indirect*
indirect shareholder in the co	mpany?		· ·						
		Εt	fective	tive percentage interest:					
		i. Direct:							
		ii. Indirect:							
2. Does the government agency c	ontrol	I	No (skip	to 3.)		Yes - I	Direct		Yes – Indirect*
voting rights in the company?			(
		i.	% of Vo	oting Righ	hts Hel	ld: ii	. Right	of V	eto?
							l Yes		□ No
3. Does the government agency h	ave a right	N	No				Yes		
to appoint or remove a majori									
directors?									
4. Does the government agency h		١	No (skip	to 5.)			Yes		
form of securities issued by the	ne								
company?		Decor	iption:				Ĺ		
		D690I	ιριιυπ.						

5. Does the government agency exercise control or ownership in a way not disclosed in 1 to 4 above?		No			Yes	
	Description:					
ATTESTATION						
I, undersigned, for and on behalf of the rebeneficial ownership declaration is accur			nfirm that all infor	ma	tion provided in the above	
Name of Director*			(Signature)			
Position. (ddmmyyyy)			Date			
 I, undersigned, for and on behalf of the reporting entity confirm that all information provided in the above beneficial ownership declaration is accurate and reliable. 						
Name of Company Scecretary*			_ (Signature)			
Position. (ddmmyyyy)			Date			
* In the case of an external company the local manager should sign.						
COMPLETION NOTES						
COMPLETION NOTES						
BO4 Instructions						
Complete all relevant sections in BLOCK letters.	If an	ıv informatior	n to be included o	n th	ne form, such as a person's name	

is not originally in the Latin alphabet, please use a recognised transliteration into the Latin alphabet.

What is this Form? To enhance transparency in doing business in Ghana and adhere to Ghana's international

Financial Action Task Force (FATF), the Companies Act, 2019 (Act 992) requires the Office of the Registrar of Companies to obtain, verify, and record information about beneficial owners of companies, as defined under the Act.

Spell out all words – no abbreviations.

obligations under the

OFFICIAL USE ONLY						
To be completed by Registrar-General's Department						
Name of Company Inspector	(Signature)					
Date received (ddmmyyyy)						

Under the Act, every company must complete for BO1 to identify any reportable beneficial owners. To the extent that a company identify any reportable Government Owned Company beneficial owners by ticking the Government Owned Company column, a form BO4 must be completed for **each** Government Owned Company.

This form collects information on the Government Owned Company beneficial owner and their interest in the company.

Who must complete this form?

This form must be completed by every company having ticked once or more in the Government Owned Company column of for BO1.

Please note, a separate for BO4 is required for each Government Owned Company identified on form BO1.

Section 1

Please tick one box only.

If ticking "Other", please give details.

Section 2

Box i.

Give the full name of the company on whose behalf the form is completed.

Box ii.

Provide the company's TIN.

Box iii

Provide the company's RGD number where applicable.

Box iv

Provide country of incorporation.

Part B

Box i.

Insert the full legal name of the government agency which is the beneficial owner as included on form BO1. This should be the full unabbreviated name.

Box ii.

Insert the full address of that government agency.

Box iii.

Insert the contact email address for that agency. This should be an address to which queries regarding this interest in the reporting company can be directed.

Box iv.

Insert the country of incorporation of the Government Owned Company.

Box v

Insert the name of the person acting as the official representative of the government with respect to the Government Owned Company

Box vi.

Insert the current role of that individual within the Government Owned Company

Box vii

Insert the nationality of the Government Owned Company

Box viii.

Insert the email address of that individual within the Government Owned Company

Box ix.

Insert the contact telephone number for that individual within the Government Owned Company

Part C	

Box 1 – Please select whether the Government Owned Company has a direct or indirect (via holding companies) shareholding in the company; no, yes (direct) or yes (indirect). Please tick only one box. If yes, please insert the effective percentage interest in the box below.

Box 2 – Please select whether the Government Owned Company direct or indirect (via holding companies) controls voting rights in the company; no, yes (direct) or yes (indirect). Please tick only one box. If yes, please insert the effective percentage voting rights in the box below, and also whether or not they have a right of veto.

A right of veto exists if the Government Owned Company can block a decision of the board of the company.

- Box 3 Please select whether the Government Owned Company has the right to appoint or remove a majority of the directors of the company. This might be the case even if they do not control voting rights as set out in Box 2 above, and they may have a specific separate right.
- Box 4 Please select whether the Government Owned Company has any other form of securities in the company other than shares disclosed in Box 1 above. This could include share options or warrants. If yes, please provide a description.
- Box 4 Please identify whether the Government Owned Company exercises control over the company in any other way not already disclosed. If yes, please provide a description.

Attestation

Please complete in full.