



INCORPORATION OF PARTNERSHIPS -REGISTRATION FORM

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

PLEASE WRITE ALL WORDS WITH NO ABBREVIATIONS

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

FORM B
PARTNERSHIP

A fee is payable on presentation of 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.

[illegible][illegible]

Legal		Estate/Housing		Media		Transport/Aerospace		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".
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(<i>Please Specify</i>)		
Oil and Gas		Manufacturing		Commerce/ Trading				
Construction		Pharmaceutical		Banking and Finance				
Telecom/ICT		Security		Sanitation				

Principal Business Activities*

Select the International Standard Industrial Classification (ISIC) code number(s) for the principal activity and other activities

[illegible][illegible][illegible]

If you cannot determine a code, please give a brief description of the company's business activities below

ISIC or classification code is a standard classification for economic or business activities so that establishments could be classified based on the activity they carry out.

A detailed list of ISIC or Classification Codes can be found on our website at www.orc.gov.gh

<i>Date of Commencement</i>	D	D	M	M	Y	Y	Y	Y
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Business Address Information					
Business Name:					
Address Line 1:					
Address Line 2:					
City:			State:		
Zip Code:			Country:		
Phone Number:					
Email Address:					
Fax Number:					
Website URL:					
Other Contact Info:					

Principal Place of Business

[illegible][illegible][illegible][illegible][illegible][illegible]

Every partner must have a Business Address, Principal Place of Business. The Registrar of Partnerships may send correspondence.

Obtain a digital address by downloading the Ghana Post GPS app onto any smart phone.

District*																	
Region*																	
(E)	Registered Office Address																
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*																	
District*																	
Region*																	
(F)	Other Place of Business																
Digital Address																	Partnerships that have multiple operational locations must complete this section. Supplementary sheets can be found on our website www.orc.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*																	Partners are to provide at least, one mobile phone number and an email address.
Phone No 2																	
Mobile No 1*																	This is to assist the Registrar of Partnerships send out notices.
Mobile No 2																	
Fax																	
Email Address*																	
Website																	
Partner 1	Partner(s) Details																
TIN*																	NB: It is mandatory to have a minimum of two(2) Partners.
Ghana Card(National Identity Card)*					GHA -												
Without TIN	Fill the GRA TIN Form attached																
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									
Nationality*																	
House/Building/Flat (Name or House No.)/LMB																	

Street Name*																		
PMB/DTD/P.O.BOX*																		
City																		
District																		
Region																		
Occupation*																		
Mobile No 1*																		
Mobile No 2																		
Email Address*																		
Partners' Signature: *	<div>.....</div>																	
Partner 2																		
TIN*																		
Ghana Card(National Identity Card)*					GHA -													
Without TIN	Fill the GRA TIN Form attached																	
Title		Mr			Mrs			Miss			Ms			Dr				
First Name*																		
Middle Name																		
Last Name*																		
Any Former Name																		
Gender*	Male			Female														
Date of Birth*	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>										
Nationality*																		
House/Building/Flat (Name or House No.)/LMB																		
Street Name*																		
PMB/DTD/P.O.BOX																		
City																		
District																		
Region																		
Occupation*																		
Mobile No 1*																		
Mobile No 2																		
Email Address*																		
Partners' Signature: *	<div>.....</div>																	
(I)	Particulars of Charges on Partnership Assets																	
Description of Asset:																		
Date of creation of the charges:	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>										

In case of more than two(2) Partners, use Supplementary Form.

Clearly state any charge(s) on all assets

Amount of the Charge:																					
(J)	MSME Details																				
Revenue Envisaged*																				This is to determine the size of the Partnership i.e. small scale business, medium scale business or large scale business	
No. of Employees Envisaged*																					
(K)	Business Operating Permit (BOP) Request																				
Apply for BOP Now		Apply for BOP Later						Already have a BOP													
Provide BOP Reference No.																					
(L)	Declaration																				
Please fill where Applicant cannot read or write																					
<p>I....., resident of have carefully read over the contents of this Form in the language to.....</p> <p>(Name of Person(s)) and the said person(s) appeared to understand same before appending his / her thumbprint to same.</p> <p>.....</p> <p style="text-align: center;">Signature of the Witness</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center;"> <p>THUMB PRINT</p> </div> <div style="border: 1px solid black; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center;"> <p>THUMB PRINT</p> </div> </div> <p style="text-align: center;">Partner 1 Partner 2</p>																					
(M)	For Office Use Only																				
Date of Submission of Document*																					
Name of Company Inspector*																					
Filing Date*																					
Signature*	<p>.....</p>																				
Important Information																					
MSME Classification in Ghana																					
Partnership 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										
(The Partnership 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																					
<p>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.</p> <p>Distribution of Information: This would be done as permitted or required by law / Incorporated Private Partnership Act, (ACT 152)</p> <p>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.</p>																					
Change Notice																					
Every Partnership is required to furnish the Registrar with any change after Incorporation e.g. Change of Partnership Name, Change of Address, Change of Partner(s)																					

Annual Renewal			
BUY or Download Partnership Renewal Form			
Fee of 50GHC 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			
Partnership Deed/Agreement stamped at Land Valuation Board and signed by all Partners			