

THE COMPANIES ACT, 2019 (ACT 992)

Private Limited



**OFFICE OF
THE REGISTRAR
OF COMPANIES**
REPUBLIC OF GHANA

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

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.

(A)

Registered Constitution		Standard Constitution	
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Tick Registered Constitution if the company has its own Constitution. If not, Tick Standard Constitution as in schedule 4 of Act 992

[illegible]

Hereinafter called the:

[illegible]

(B)	Sector(s)
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Club	NGO	Scientific	Civil Society Organisation	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".
Union	FNGO	Education	Others(<i>Please specify</i>)	
Charity	Society	Foundation		
Council	Association	Community Project		
Ministry/Ministries	Organisation	Chamber of		
Chapel / Church	Literary Works	Commerce		

Principal Activities

Select the International Standard Industrial Classification (ISIC) code number(s) for the principal activity and other activities																			ISIC or classification code is a standard classification for economic or company activities so that establishments could be classified based on the activity they carry out.
ISIC code 1																			
ISIC code 2																			
ISIC code 3																			
ISIC code 4																			
If you cannot determine a code, please give a brief description of the company's object(s) below																			A detailed list of ISIC or classification codes can be found on our website at www.orc.gov.gh
																			Specialized institutions for example Churches, NGO's and CSO's are required to state their objects here. All other applicants who wish to indicate their objects can also state same in this column.

(C) Registered Office Address																		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.
Digital Address*																		
House/Building/Flat* (Name or House No.)/LMB																		
Street Name*																		
City*																		
District*																		
Region*																		
(D) Principal Place of Company																		
Is the Principal place of Company the same as the Registered Office Address?																		
If Yes (Tick the box and proceed with Other Place of Company)									IF NO (Provide Details)									
Digital Address*																		
House/Building/Flat (Name or House No.)/LMB*																		
Street Name*																		
City*																		
District*																		
Region*																		
(E) Other Place of Company																		This applies to Companies that have multiple operational locations. Supplementary sheets can be found on our website www.rgd.gov.gh
Digital Address*																		
House/Building/Flat* (Name or House No.)/LMB																		
Street Name*																		
City*																		
District*																		
Region*																		
(I) Address at which Register of Members will be kept and maintained (if elsewhere than at the Registered Office)																		
Digital Address*																		
House/Building/Flat* (Name or House No.)/LMB																		
Street Name*																		
City*																		
District*																		
Region*																		
(G) Postal Address																		Please tick either post office box (P O BOX), private mail bag (PMB) or door to door (DTD) and provide details as applicable.
C/O																		
Type*	P O BOX			PMB			DTD											
Number*																		
Town*																		
Region*																		
(H) Contact of the Company																		Applicants are to provide at least, one mobile phone number and an email address. This is to assist the Registrar of Companies to communicate to the company
Phone No 1*																		
Phone No 2																		
Mobile No 1*																		
Mobile No 2																		
Fax																		
Email Address*																		
Website																		

(I) Executive Council Member or Director of the Company																																											
Statutory Declaration Form & Consent Letter																								Directors should be at least 18 years and above.																			
Executive Council Member 1																																											
A person shall not be appointed a director if																								Directors are to attach a statutory declaration and consent letter as stated in section 172 (2) of Act 992.																			
i. That person within the preceding five years of the application for incorporation has been a director or senior manager of a Company that has become insolvent																																											
Tick applicable				Yes								No												If you tick "yes" to any of the Statutory Declarations, provide details that qualifies you to be a director. Attach supporting documents																			
ii. Convicted of a criminal offence involving fraud or dishonesty																																											
Tick applicable				Yes								No												A Company shall have at least two directors of which one should be resident in Ghana.																			
iii. Convicted of a criminal offence relating to the promotion, incorporation or management of a company that has become insolvent																																											
Tick applicable				Yes								No												If there are more than two directors, additional director forms shall be obtained from our website at www.orc.gov.gh																			
Statutory Declaration Form*								Consent Letter*																																			
Title				Mr								Mrs								Miss								Ms								Dr							
First Name*																																											
Middle Name																																											
Last Name*																																											
Gender*				Male								Female																															
Date of Birth*				D D M M Y Y Y Y																																							
Place of Birth*																																											
Any Former Name																																											
Nationality*																																											
Occupation*																																											
Mobile No 1*																																											
Mobile No 2																																											
Fax																																											
Email Address*																																											
TIN*																																											
Ghana Card(National Identity Card)*				GHA -																																							
Without TIN				Fill GRA TIN form attached																																							
Residential Address																																											
Digital Address*																																				This address when provided will not appear on public record, unlike that of the addresses that will be provided for the Company.							
House/Building/Flat* (Name or House No.)/LMB																																											
Street Name*																																											
City*																																											
District*																																											
Region*																																											
Country*																																											
Occupational Address																																											
Digital Address*																																				Provide your current workplace address							
House/Building/Flat* (Name or House No.)/LMB																																											
Street Name*																																											
City*																																											
District*																																											
Region*																																											
Country*																																											
Particulars of other Directorships*																																				List the names of other Companies for which you serve as director							
Signature*																																										

Statutory Declaration Form & Consent Letter																							
Executive Council Member 2																				Kindly refer to instructions provided for Executive Council Member 1			
A person shall not be appointed a director if																							
i. That person within the preceding five years of the application for incorporation has been a director or senior manager of a Company that has become insolvent.																							
Tick applicable				Yes				No															
ii. Convicted of a criminal offence involving fraud or dishonesty																							
Tick applicable				Yes				No															
iii. Convicted of a criminal offence relating to the promotion, incorporation or management of a company that has become insolvent.																							
Tick applicable				Yes				No															
Statutory Declaration Form*						Consent Letter*																	
Title				Mr				Mrs				Miss				Ms				Dr			
First Name*																							
Middle Name																							
Last Name*																							
Gender*				Male				Female															
Date of Birth*				D	D	M	M	Y	Y	Y	Y												
Place of Birth*																							
Any Former Name*																							
Nationality*																							
Occupation*																							
Mobile No 1*																							
Mobile No 2																							
Fax																							
Email Address*																							
TIN*																							
Without TIN				Fill the GRA TIN form attached																			
Ghana Card(National Identity Card)*						GHA -																	
Residential Address																							
Digital Address*																					Kindly refer to instructions provided at section C on how to obtain a digital address		
House/Building/Flat* (Name or House No.)/LMB																							
Street Name*																							
City*																							
District*																							
Region*																							
Country*																							
Occupational Address																							
Digital Address*																					List the names of other Companies for which you serve as director		
House/Building/Flat* (Name or House No.)/LMB																							
Street Name*																							
City*																							
District*																							
Region*																							
Country*																							
Particulars of other Directorships*																							
Signature*																						

(J) Particulars of Company Secretary																				
Professional qualification																				Tick the applicable qualification(s) Attach Consent Letter Reference to Section 211 (1) and (3) of Act 992
Tertiary level qualification																				
Company Secretary Trainee																				
Barrister or Solicitor in the Republic																				
Institute of Chartered Accountants																				
Under the supervision of a qualified Company Secretary																				
Institute of Chartered Secretaries and Administrators																				
By virtue of an academic qualification, member of a professional body, appears to the directors as capable of performing the functions of Secretary of the Company.																				
Consent Letter*																				
Secretary	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																				
Digital Address*																				
Email Address*																				
Residential Address																				
Digital Address*																				
House/Building/Flat* (Name or House No.)/LMB																				
Street Name*																				
City*																				
District*																				
Region*																				
Country*																				
TIN*																				
Ghana Card(National Identity Card)*				GHA -																
Without TIN				Fill the GRA TIN Form attached																
Signature*																			
In Case the Company Secretary is a Body Corporate																			The Corporate Body must have as one of its promoters, subscribers or operating officers a person who qualifies to be a Company Secretary.	
Corporate Name*																				
Corporate TIN*																				
Digital Address*																				
Corporate Address H/No. LMB*																				
P.O. Box/DTD/PMB*																				
Name of Person Representing the Corporate Secretary*																				

The corporate representative holds at least one of the qualification(s) of secretary stated above

Reference to section 211 (2) and section 150 (1) (D) of Act 992

TIN of Representative*																				
Ghana Card(National Identity Card)		GHA -																		
Signature(Corporate Representative)*																			
Corporate Stamp*																			
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) of Act 992
Director*		TIN																		
Ghana Card(National Identity Card)*		GHA -																		
Name*																				
Signature*																			
Secretary*		TIN																		
Ghana Card(National Identity Card)*		GHA -																		
Name*																				
Signature*																			
Or in the Alternative																				
Director*		TIN																		
Ghana Card(National Identity Card)*		GHA -																		
Name*																				
Signature*																			
Director*		TIN																		
Ghana Card(National Identity Card)*		GHA -																		
Name*																				
Signature*																			
Secretary*		TIN																		
Ghana Card(National Identity Card)*		GHA -																		
Name*																				
Signature*																			
(K) Auditor of the Company																				A person shall be appointed an Auditor of private company if that person is qualified and licensed in accordance with the Chartered Accountants Act, 1963 (Act 170).
TIN*																				
Auditor's Firm Name*																				
Digital Address*																				

Auditor's Firm Address*																			Applicant needs to attach an Auditor's consent letter to this application before submission. All Auditors shall hold office for a term of not more than six years and are eligible for appointment after a cooling-off period of not less than six years. Refer to section 139 (11) of Act 992
P.O.Box																			
PMB/DTD*																			
Street Name*																			
City*																			
District*																			
Region*																			
Mobile No.*																			
Office No.																			
Consent Letter*	Attach Consent Letter from Auditor																		

(L) Address and Description of Subscriber

I/We the undersigned are desirous of forming an incorporated company in pursuance of this Constitution and we agree to become members thereof and accept liability in accordance with paragraph 8 of this																		A subscriber is somebody who agrees to become a member of the company.
Address and Description of Subscriber - Individual																		
Subscriber 1	Mr			Mrs			Miss			Ms			Dr				The application for incorporation shall be made by a person: a. Signing a duly completed application for incorporation form or b. signing a duly completed application for incorporation form and the constitution of the proposed company (where a registered constitution is preferred) If there are more than two subscribers additional subscriber forms shall be obtained from our website at www.orc.gov.gh	
First Name*																		
Middle Name																		
Last Name*																		
Gender*	Male			Female														
Date of Birth*	D	D	M	M	Y	Y	Y	Y										
Place of Birth*																		
Any Former Name																		
Nationality*																		
Occupation*																		
Digital Address*																		
Address*																		
TIN*																		
Ghana Card(National Identity Card)*	GHA -																	
Without TIN	Fill the GRA TIN form attached																	
Signature*																	

(M) Address and Description of Subscriber - Individual

Subscriber 2	Mr			Mrs			Miss			Ms			Dr				
First Name*																	
Middle Name																	
Last Name*																	
Gender*	Male			Female													
Date of Birth*	D	D	M	M	Y	Y	Y	Y									
Place of Birth*																	
Any Former Name																	
Nationality*																	
Occupation*																	
Digital Address*																	
Address*																	
TIN*																	
Ghana Card(National Identity Card)*	GHA -																

Without TIN		Fill the GRA TIN form attached																		
Signature*																			
(N) In Case the Subscriber is a Body Corporate																				
Corporate Name*																				
Corporate TIN*																				
Digital Address*																				
Corporate Address H/No. LMB*																				
P.O. Box/DTD/PMB*																				
Name of Person Representing the Corporate Subscriber																				
TIN of Representative*																				
Ghana Card(National Identity Card)*		GHA -																		
Signature(Corporate Representative)*																			
Corporate Stamp*																			
Attested by																		For authentication purposes, two officers of the company are to sign their signatures together with a seal or stamp of the company		
Director*		TIN																		
Ghana Card(National Identity Card)*		GHA -																		
Name*																				
Signature*																	Reference to section 150 (1) (D) (i) Act 992		
Secretary*		TIN																		
Ghana Card(National Identity Card)*		GHA -																		
Name*																				
Signature*																			
Or in the Alternative																				
Director*		TIN															In the absence of a stamp or a seal of the company, the signature of two directors and a Company Secretary are needed for authentication purposes			
Ghana Card(National Identity Card)*		GHA -																		
Name*																				
Signature*																	Reference to section 150 (1) (D)(ii) of Act 992		
Director*		TIN																		
Ghana Card(National Identity Card)*		GHA -																		

Name*																
Signature*																
Secretary*	TIN															
Ghana Card(National Identity Card)*	GHA -															
Name*																
Signature*																
(O)	Witness To the above Signatures															
Date	D	D	M	M	Y	Y	Y	Y								
Full Name*																
Signature*																
Address*																
Occupation*																
(P)	Amount Guaranteed															
This is an amount that each member undertakes to contribute to the assets of the Company in the event of the Company being wound up while that person is a member or within one year after that person ceases to be a member, for payment of the debts and liabilities of the Company and of the costs of winding up.																
Amount Guaranteed*	GHC															
(Q)	Beneficial Owner(BO)															
A beneficial owner (or owners) is the individual or natural person who owns, controls, has interest in, or exercises influence over the legal person (or arrangement) or receives substantial benefit from the applicant's activity. A beneficial owner is an individual and cannot be a company.																
SANCTIONS: Failure to disclose is an offence and will attract sanctions and penalties																
Fill the BO Form attached/Download (www.orc.gov.gh)																
(R)	MSME Details															
No. of Employees Envisaged*																
(S)	Business Operating Permit (BOP) Request															
Apply for BOP Now	Apply for BOP Later				Already have a BOP											
Provide BOP Reference No.																
<p>I....., resident of</p> <p>..... have carefully read over the contents of this form in the language to</p> <p>(Name of Person(s)) and the said person appeared to understand same before appending his / her thumbprint to same.</p>																
<p>.....</p> <p>Signature of the Witness</p>																
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; text-align: center; line-height: 100px;">THUMB PRINT</div>																

The Form must be signed by all Subscribers in the presence of a Witness, who shall attest to the signing.

Section 35 (14) and (15) of Act 992

Section 35 (14) and (15) of Act 992

This is to determine the size of the Company i.e. small scale business, medium scale business or large scale

For this section print a copy for each person who cannot sign to thumb print

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

Important Information

MSME Classification in Ghana

Enterprise 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 enterprise 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

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 / Companies Act 2019 (Act 992)

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 Company Name, Change of Address, Change of Director(s) / Secretary etc.

Annual Return of a Company Incorporated

All companies incorporated are to file mandatory Annual Returns after the first eighteen months together with Audited Financial Accounts and subsequently annually at a fee. Late/Non Filing attracts Penalties

Check List (✓) Please make sure you have complied with the following

The document has been signed at all indicated places	
Registered Constitution, if any	
Attach each Director's Consent Letter and Statutory Declaration	
Company Secretary has required qualification(s)	
Company Secretary has attached Consent Letter	
All supplementary Forms are attached, if any	
Filled BO Form(s) attached, if any	
Attached prospectus (for Public Companies only)	
Filled TIN Form(s), if any	