NOTIFICATION OF CHANGE OF AUDITORS OF A COMPANY

FORM 15

OFFICE OF THE REGISTRAR OF COMPANIES
REPUBLIC OF GHANA

THE COMPANIES ACT 2019 (ACT 992)

PURSUANT TO SECTION 139(6)

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.rgd.gov.gh

Read the instructions before completing the Form. Incomplete applications or invalid data may delay the registration

(A)

*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
*Registration Number**		
*Presented By**	TIN*	Full name and TIN of the natural person or legal entity submitting documents to the Registrar of Companies

(B)

Hereby notifies you in accordance with section 138 of the Companies Act 2019(ACT 992)

*Nature of Change**		Provide a detailed description of the Nature of Change in the particulars
*Effective Date**	D D M M Y Y Y Y	Date of Change

(C) Particulars of Old Auditor

*Old Auditor's Firm Name/Name of Auditor**		Provide the present Auditor's Firm Name in the provided space and Auditor's Firm Address.
*Address**		

(D) Particulars of New Auditor

*New Auditor's Firm Name/Name of Auditor**		A person shall be appointed an Auditor of a public or private company if that person is qualified and licensed in accordance with the Chartered Accountants Act, 1963 (Act 170). See section 138 (1) and (2) of Act 992.
*TIN**		
*Digital Address**		
*Auditor's Firm Address P.O.Box/PMB/DTD**		Applicant needs to attach an Auditor's consent letter to this application before submission.
*House/Building/Flat (Name or House No.)/LMB**		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)
*Street Name**		

*City**		
*District**		
*Region**		Tick to incate you have added Auditor's Consent Letter
*Mobile No.**		
Office No.		
*Consent Letter**	**Attach Consent Letter from Auditor**	
(E)	**Declaration**	
	Declare that the information given above is correct and complete.	
*Director/Secretary Name**		
*Signature**	……	
*Date**	D D M M Y Y Y Y	

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

Important Information

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.

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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.

Check List (✓)

Please make sure you have complied with the following

The document has been signed at all indicated places	
You have added Auditor's Consent Letter	