## REGISTRATION OF BUSINESS NAMES ACT, 1962 (Act 151) NOTIFICATION OF CHANGE IN PARTICULARS REGISTERED BY AN

CHANGE IN PARTICULARS REGISTERED BY INDIVIDUAL( SECTION 6)

**FORM D** 



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 process

(A) The following is a statem	ent o	of cha	ange	(and	d of t	he d	ate c	of suc	h ch	ange	) wh	ich h	nas b	een	made	or has	occurred in the particulars
registered in respect of:		1		T	1	1	Т			1	1					ı	
Business 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*																	-
TIN																	
Nature of Change*																	Provide here a detailed description of
,																	the Nature of Change in the particulars
																	Clearly state the exact date for the
																	changes accordingly
																	-
																	_
Data of Change*	-	D	17	1.7	<b>T</b> 7	W	V	V									_
Date of Change*	D	D	M	M	Y	Y	Y	Y									
General Nature of Business*																	
<b>(B)</b>	Pri	ncip	al Pi	lace	of B	usine	ess										
House/Building/Flat (Name																	
or House No. etc.)/LMB:																	
All other places (if any) at																	
which business is carried on:																	
<i>(C)</i>	Pai	ticu	lars	of T	rans	\ sfero	r										1
TIN of Transferor:*	1 4.						Ī										_
Ghana Card (National Identity	Car	1)*	1		GF	IA -											
Name of Transferor:	Care				GI	171 -											
ivame of Transferor.																	_
(D)	Par	ticu	lars	of T	'rans	fere	e e		<u> </u>	<u> </u>		<u> </u>	<u> </u>				_
First name:*	- 4.			- J 1		T	_										-
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Middle Name :																	_
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Occupation :*																							
Nationality :*																							
(E)	Res	ider	ice a	ind o	any c	ther	bus	sines	ss oc	сиро	ation	if a	ny o	f Tra	ınsfe	eree							
House/Building /Flat (Name																							
or House No. etc.)/LMB:																							
Street:*																							
City:*																							
District:*																							
Region:*																							
<b>(F)</b>			•	•	•	Con	tact	Det	ails (	of Tr	ansj	eree		•			•						
P. O. Box:*																							
PMB/DTD:*																							
District:*																							
Region:*																							
Mobile Number:*																							
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E-mail Address:*																							
Date of Commencement of Bus	siness	s:*																					
Date of Transfer:*	D	D	M	M	Y	Y	Υ	Υ		!				1		ļ	1						
Signature of applicant:	••	••••	•••••	••••	•••••			•••••		•••••	••••	••••			••••	••••	• • • •						
Date:	D	D	M	M	Y	Y	Y	Y															
(Signature of Trans Date:	D	D	M	<i>M</i>	Y	Y	<i>Y</i>	y ate:	(Się	gnatu	ure o	f Tra	 nsfe	ree)									
REGISTERING							Fo	r Of	fice 1	Use (	Only	,											
Date of Submission of Docume	nt*						Π																Т
Name of Company Inspector*																							
Filing Date*																							
Signature*				1	ı	1	1		1	1	1	ı	1	1	1			1	1	1	 1	1	1