PARTICULARS OF ALTERATION IN THE STATED CAPITAL OF COMPANY

FORM 8

OFFICE OF THE REGISTRAR OF COMPANIES
REPUBLIC OF GHANA

THE COMPANIES ACT, 2019 (ACT 992)

Pursuant to Section 68(5)

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 process

(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
Return date of issue of Shares: D D M M Y Y Y Y	

(B)

Particulars of Increase/ Reduction in the Stated Capital of..... ..... Limited, a Company registered in Ghana

Description	Amount of Increase or Reduction
(a) Total proceeds of shares issued, for Cash (including any amounts paid on calls made on shares with unpaid liability)	**GHC**
(b) Total value of consideration (as stated in Agreement) received for the issue of shares otherwise than in cash.	**GHC**
(c) Total amount transferred to Stated Capital from Reserves	**GHC**
New Stated Capital: GH¢:	

State accurately
1. The Stated Capital
2. The Total Shares issued.
3. The Total Value of Consideration received for issue of shares otherwise than in cash
4. Total Amount Transferred to Stated Capital from Reserves if any

State clearly all the relevant details for all three types of shares including Ordinary shares, Preference Shares and Debentures if any .

(D) **Declaration**

*Name**	Provide Signature of the Director or Secretary.
*Position/Designation**	Position held in the company (i.e Director or Secretary)
*TIN**	Provide the date of signing
*Ghana Card (National Identity Card)** **GHA -**	
*Signature**	
*Date** D D M M Y Y Y Y	

(E) **For Office Use Only**

*Date of Submission of Document**	
*Name of Company Inspector**	
*Filing Date**	
*Signature**	