

(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 Business																	
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*																	
(E) Other Place of Business																	This applies to Companies that have multiple operational locations. Supplementary sheets can be found on our website www.orc.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*																A Register of Members is a Register that holds the names and addresses of members of an Incorporated Company. It is required that every company keeps and maintains a Register of its Members at a location in the country.	
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 of the Company																	
Phone No 1*																Applicants are to provide at least, one mobile phone number and an email address.	
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																															
ii. Charged with or convicted of a criminal offence involving fraud or dishonesty																																				If you tick "yes" to any of the Statutory Declarations, provide details that qualifies you to be a director. Attach supporting documents																					
Tick applicable																		Yes								No																															
iii. Charged with or convicted of a criminal offence relating to the promotion, incorporation or management of a																																				A Company shall have at least two directors of which one should be resident in Ghana.																					
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 GRA TIN form attached																																							
Residential Address																																				This address when provided will not appear on public record, unlike that of the addresses that will be provided for the Company.																					
Digital Address*																																																									
House/Building/Flat* (Name or House No.)/LMB																																																									
Street Name*																																																									
City*																																																									
District*																																																									
Region*																																																									
Country*																																																									
Occupational Address																																				Provide your current workplace address																					
Digital 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																															
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. Charged with or convicted of a criminal offence involving fraud or dishonesty																															
Tick applicable		Yes						No																							
iii. Charged with or convicted of a criminal offence relating to the promotion, incorporation or management of a																															
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																													
Residential Address																															
Digital Address*																															
House/Building/Flat* (Name or House No.)/LMB																															
Street Name*																															
City*																															
District*																															
Region*																															
Country*																															
Occupational Address																															
Digital Address*																															
House/Building/Flat* (Name or House No.)/LMB																															
Street Name*																															
City*																															
District*																															
Region*																															
Country*																															
Particulars of other Directorships*																															
Signature*																															

Kindly refer to instructions provided for Executive Council Member 1

Kindly refer to instructions provided at section C on how to obtain a digital address

List the names of other Companies for which you serve as director

(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*																						
TIN																						
Without TIN		Fill the GRA TIN Form attached																				
In Case of Corporate Body Acting as 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*																						
TIN of Representative*																						
Signature(Corporate Representative)*		.....																			
Corporate Stamp*		.....																			
Attested by																						
Director*		TIN																				
Name*																						
Signature*		.....																			

The Corporate Body must have as one of its promoters, subscribers or operating officers a person who qualifies to be a Company 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

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

Secretary*		TIN																		
<i>Name*</i>																				
<i>Signature*</i>																			
Or in the Alternative																				<p>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</p> <p>Reference to section 150 (1) (D)(ii) of Act 992</p>
Director*		TIN																		
<i>Name*</i>																				
<i>Signature*</i>																			
Director*		TIN																		
<i>Name*</i>																				
<i>Signature*</i>																			
Secretary*		TIN																		
<i>Name*</i>																				
<i>Signature*</i>																			
(K)		Auditor of the Company																		<p>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). See section 138 (1) and (2) of Act 992.</p> <p>Applicant needs to attach an Auditor's consent letter to this application before submission.</p> <p>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>
<i>TIN*</i>																				
<i>Auditor's Firm Name*</i>																				
<i>Digital Address*</i>																				
<i>Auditor's Firm Address* P.O.Box</i>																				
<i>PMB/DTD*</i>																				
<i>Street Name*</i>																				
<i>City*</i>																				
<i>District*</i>																				
<i>Region*</i>																				
<i>Mobile No.*</i>																				
<i>Office No.</i>																				
<i>Consent Letter*</i>		Attach Consent Letter from Auditor																		
(L)		Address and Description of Subscriber																			A subscriber is somebody who agrees to become a member of the company. The application for incorporation shall be made by a person: a. Signing a duly completed application for incorporation form
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																				
Address and Description of Subscriber - Individual																				
Subscriber 1		Mr			Mrs			Miss			Ms			Dr						
<i>First Name*</i>																				
<i>Middle Name*</i>																				
<i>Last Name*</i>																				
<i>Gender*</i>		Male			Female															
<i>Date of Birth*</i>		D	D	M	M	Y	Y	Y	Y											

Place of Birth*																		b. signing a duly completed application for incorporation form and the constitution of the proposed company (where a registered constitution is preferred)
Any Former Name*																		
Nationality*																		
Occupation*																		
Digital Address*																		
Address*																		
TIN																		
Without TIN	Fill the GRA TIN form attached																	
Signature*																	
(M)	Address and Description of Subscriber - Individual																	
Subscriber 2	Mr																	
First Name*																		
Middle Name*																		
Last Name*																		
Gender*	Male																	
Date of Birth*	D	D	M	M	Y	Y	Y	Y										
Place of Birth*																		
Any Former Name*																		
Nationality*																		
Occupation*																		
Digital Address*																		
Address*																		
TIN																		
Without TIN	Fill the GRA TIN form attached																	
Signature*	.....																
(N)	In Case of Corporate Body Acting as A Subscriber																	
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*																		
Signature(Corporate Representative)*	.....																
Corporate Stamp*	.....																
Attested by																		
Director*	TIN																	
Name*																		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) Act 992
Signature*	.....																

Secretary*	TIN																		
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	
Name*																			
Signature*	.....																	
Director*	TIN																	Reference to section 150 (1) (D)(ii) of Act 992	
Name*																			
Signature*	.....																	
Secretary*	TIN																		
Name*																			
Signature*	.....																	
(O) Witness To the above Signatures																			
Date	D	D	M	M	Y	Y	Y	Y											The Form must be signed by two or more Subscribers in the presence of a Witness, who shall attest to the signing.
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.																		Section 35 (14) and (15) of Act 992	
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.																		Section 35 (14) and (15) of Act 992	
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																		This is to determine the size of the Company i.e. small scale business, medium scale business or large scale business	
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 have carefully read over the contents of this form in the language to (Name of Person(s)) and the said person appeared to understand same before appending his / her thumbprint to same.</p>	<p>For this section print a copy for each person who cannot sign to thumb print</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>

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

Important Information

MSME Classification in Ghana																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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(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 rate

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 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	