



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

THE COMPANIES ACT, 2019 (ACT 992) RE-REGISTRATION

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

Public Limited

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)

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

[illegible]

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.
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If you cannot determine a code, please give a brief description of the company's object(s) below

	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

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																													
Digital 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.
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*																													This applies to Companies that have multiple operational locations. Supplementary sheets can be found on our website www.orc.gov.gh
House/Building/Flat* (Name or House No.)/LMB*																													
Street Name*																													
City*																													
District*																													
Region*																													
(E) Other Place of Company																													
Digital Address*																													This applies to Companies that have multiple operational locations. Supplementary sheets can be found on our website www.orc.gov.gh
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																			This is to assist the Registrar of Companies to communicate to the company
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. Charged with or 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. Charged with or 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																			
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																			

<i>Directorships*</i>		<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																				Companies for which you serve as director
<i>Signature*</i>		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>																Kindly refer to instructions provided for Executive Council Member 1																																				
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 company that has become insolvent.																																																						
Tick applicable		Yes				No																																																
<i>Statutory Declaration Form*</i>				<i>Consent Letter*</i>																																																		
<i>Title</i>		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																																													
<i>Place of Birth*</i>																																																						
<i>Any Former Name*</i>																																																						
<i>Nationality*</i>																																																						
<i>Occupation*</i>																																																						
<i>Mobile No 1*</i>																																																						
<i>Mobile No 2</i>																																																						
<i>Fax</i>																																																						
<i>Email Address*</i>																																																						
<i>TIN</i>																																																						
<i>Without TIN</i>		Fill the GRA TIN form attached																																																				
Residential Address																																																						
<i>Digital Address*</i>																																																						
<i>House/Building/Flat* (Name or House No.)/LMB</i>																																																						
<i>Street Name*</i>																																																						
<i>City*</i>																																																						
<i>District*</i>																																																						
<i>Region*</i>																																																						
<i>Country*</i>																																																						
Occupational Address																																																						
<i>Digital Address*</i>																																																						
<i>House/Building/Flat* (Name or House No.)/LMB</i>																																																						
<i>Street Name*</i>																																																						
<i>City*</i>																																																						
<i>District*</i>																																																						
<i>Region*</i>																																																						
<i>Country*</i>																																																						

Corporate Name																		<p>..... officers a person who qualifies to be a Company Secretary.</p> <p>The corporate representative holds at least one of the qualification(s) of secretary stated above</p> <p>Reference to section 211 (2) and section 150 (1) (D) of Act 992</p>
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																		<p>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</p>
Director*	TIN																	
Name*																		
Signature*																		
Secretary*	TIN																	
Name*																		
Signature*																		
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																	
Name*																		
Signature*																	
Director*	TIN																	
Name*																		
Signature*																	
Secretary*	TIN																	
Name*																		
Signature*																	
(K) Auditor of the Company																		
TIN*																		<p>A person shall be appointed an Auditor of Public Company if that person is qualified and</p>
Auditor's Firm Name*																		

																		licensed in accordance with the Chartered Accountants Act, 1963 (Act 170). See section 138 (1) and (2) of Act 992. 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
Digital Address*																		
Auditor's Firm Address*																		
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																	
Without TIN	Fill the GRA TIN form attached																
Signature*	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>																

(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*																

																	
Secretary*	TIN																	
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 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>																		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <p>.....</p> <p>Signature of the Witness</p> </div> <div style="border: 1px solid black; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center;"> <p>THUMB PRINT</p> </div> </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

