

THE INCORPORATED PRIVATE PARTNERSHIPS ACT, 1962 (ACT 152)

FORM B PARTNERSHIP

INCORPORATION OF PARTNERSHIPS RE-REGISTRATION FORM

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

(A)

| | | | | | | | | | | | | | | | | | | | |
|----------------------------|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| Old Registration No* | | | | | | | | | | | | | | | | | | | Provide here accurate i. Old Registration Number ii. Tax Identification Number iii. Current Tax office of the Tax Business Name registered iv. Old Date of registration |
| Old TIN:* | | | | | | | | | | | | | | | | | | | |
| Current Tax Office:* | | | | | | | | | | | | | | | | | | | |
| Old Start Date:* | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | |
| Old Date of Registration:* | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | Name should be exact as registered, should there have been any Change of Name after registration do state the new name |
| Partnership Name:* | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

(B)

| (B) | | Nature of Business/Sector(s)* | | | | | |
|--------------|--|-------------------------------|--|---------------------|--|------------------------|---|
| Legal | | Estate/Housing | | Media | | Transport/Aerospace | 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". |
| Utilities | | Education | | Shipping & Port | | Estate/Housing | |
| Tourism | | Quarry / Mining | | Hospitality | | Fashion/Beautification | |
| Insurance | | Entertainment | | Health Care | | Refinery of Minerals | |
| Agriculture | | Food Industry | | Securities/Brokers | | Others(Please Specify) | |
| Oil and Gas | | Manufacturing | | Commerce/ Trading | | | |
| Construction | | Pharmaceutical | | Banking and Finance | | | |
| Telecom/ICT | | Security | | Sanitation | | | |

(C)

| (C) | | Principal Business Activities* | | | | | | | |
|---|---|--------------------------------|---|---|---|--|---|---|--|
| Select the International Standard Industrial Classification (ISIC) code number(s) for the principal activity and other activities | | | | | | ISIC or classification code is a standard classification for economic or business activities so that establishments could be classified based on the activity they carry out. A detailed list of ISIC or Classification Codes can be found on our website at www.orc.gov.gh | | | |
| ISIC code 1 | | | | | | | | | |
| ISIC code 2 | | | | | | | | | |
| ISIC code 3 | | | | | | | | | |
| If you cannot determine a code, please give a brief description of the company's business activities below | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Old Date of Incorporation | D | D | M | M | Y | Y | Y | Y | |

(D)

| (D) | | Business Address Information | | | | |
|---|--|------------------------------|--|--|--|--|
| Principal Place of Business | | | | | | Every partner must have a Business Address, Principal Place of Business. The Registrar of Partnerships may send correspondence. |
| Digital Address* | | | | | | |
| House/Building/Flat* (Name or House No.)/LMB | | | | | | Obtain a digital address by downloading the Ghana Post GPS app onto any smart phone. |
| Street Name* | | | | | | |
| City* | | | | | | |
| District* | | | | | | |
| Region* | | | | | | |

| (E) 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* | | | | | | | | | | | | | | | | | | | | | |
| (F) | | Other Place of Business | | | | | | | | | | | | | | | | | | | |
| Digital Address | | | | | | | | | | | | | | | | | | | | Partnerships that have multiple operational locations must complete this section. 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 | | | | | | | | | | | | | | | | | | | | | |
| (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 | | | | | | | | | | | | | | | | | | | |
| Phone No 1* | | | | | | | | | | | | | | | | | | | | Partners are to provide at least, one mobile phone number and an email address. This is to assist the Registrar of Partnerships send out notices. | |
| Phone No 2 | | | | | | | | | | | | | | | | | | | | | |
| Mobile No 1* | | | | | | | | | | | | | | | | | | | | | |
| Mobile No 2 | | | | | | | | | | | | | | | | | | | | | |
| Fax | | | | | | | | | | | | | | | | | | | | | |
| Email Address* | | | | | | | | | | | | | | | | | | | | | |
| Website | | | | | | | | | | | | | | | | | | | | | |
| Partner 1 | | Partner(s) Details | | | | | | | | | | | | | | | | | | | |
| TIN | | | | | | | | | | | | | | | | | | | | NB: It is mandatory to have a minimum of two(2) Partners. | |
| Without TIN | | Fill the GRA TIN Form attached | | | | | | | | | | | | | | | | | | | |
| Title | | 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 | | | | | | | | | | | | |
| Nationality* | | | | | | | | | | | | | | | | | | | | | |
| House/Building/Flat (Name or House No.)/LMB | | | | | | | | | | | | | | | | | | | | | |
| Street Name* | | | | | | | | | | | | | | | | | | | | | |
| PMB/DTD/P.O.BOX* | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|---|--------------------------------|---------------------|---|---|--------|---|--------------------|------|--|--|----|--|--|----|--|--|---|--|
| City | | | | | | | | | | | | | | | | | | |
| District | | | | | | | | | | | | | | | | | | |
| Region | | | | | | | | | | | | | | | | | | |
| Occupation* | | | | | | | | | | | | | | | | | | |
| Mobile No 1* | | | | | | | | | | | | | | | | | | |
| Mobile No 2 | | | | | | | | | | | | | | | | | | |
| Email Address* | | | | | | | | | | | | | | | | | | |
| Partners' Signature:* | | | | | | | | | | | | | | | | | | |
| Partner 2 | | | | | | | | | | | | | | | | | | |
| TIN | | | | | | | | | | | | | | | | | In case of more than two(2) Partners, use Supplementary Form. | |
| Without TIN | Fill the GRA TIN Form attached | | | | | | | | | | | | | | | | | |
| Title | | 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 | | | | | | | | | | |
| Nationality* | | | | | | | | | | | | | | | | | | |
| House/Building/Flat (Name or House No.)/LMB | | | | | | | | | | | | | | | | | | |
| Street Name* | | | | | | | | | | | | | | | | | | |
| PMB/DTD/P.O.BOX | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | |
| District | | | | | | | | | | | | | | | | | | |
| Region | | | | | | | | | | | | | | | | | | |
| Occupation* | | | | | | | | | | | | | | | | | | |
| Mobile No 1* | | | | | | | | | | | | | | | | | | |
| Mobile No 2 | | | | | | | | | | | | | | | | | | |
| Email Address* | | | | | | | | | | | | | | | | | | |
| Partners' Signature:* | | | | | | | | | | | | | | | | | | |
| (I) Particulars of Charges on Partnership Assets | | | | | | | | | | | | | | | | | | |
| Description of Asset: | | | | | | | | | | | | | | | | | Clearly state any charge(s) on all assets | |
| Date of creation of the charges: | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | |
| Amount of the Charge: | | | | | | | | | | | | | | | | | | |
| (J) MSME Details | | | | | | | | | | | | | | | | | | |
| Revenue Envisaged* | | | | | | | | | | | | | | | | | This is to determine the size of the Partnership i.e. small scale business, medium scale business or large scale business | |
| No. of Employees Envisaged* | | | | | | | | | | | | | | | | | | |
| (K) Business Operating Permit (BOP) Request | | | | | | | | | | | | | | | | | | |
| Apply for BOP Now | | Apply for BOP Later | | | | | Already have a BOP | | | | | | | | | | | |
| Provide BOP Reference No. | | | | | | | | | | | | | | | | | | |

(L)

Declaration

Please fill where Applicant cannot read or write

I....., resident of have carefully read over the contents of this Form in the language to.....

(Name of Person(s)) and the said person(s) appeared to understand same before appending his / her thumbprint to same.

.....

Signature of the Witness

THUMB PRINT

THUMB PRINT

Partner 1

Partner 2

(M)

For Office Use Only

Date of Submission of Document*

Name of Company Inspector*

Filing Date*

Signature*

Important Information

MSME Classification in Ghana

| Partnership Category | Employment Size(Permanent staff) | Turnover | Assets |
|----------------------|----------------------------------|-------------------------------|-------------------------------|
| Micro | 1-5 | ≤US \$25,000 | ≤US \$25,000 |
| Small | 6-30 | US\$25,001 - US\$1,000,000 | US\$25,001 - US\$1,000,000 |
| Medium | 31-100 | US\$1,000,001 – US\$3,000,000 | US\$1,000,001 – US\$3,000,000 |

(The Partnership 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:

Distribution of Information:

Commitment to Data Security:

Change Notice

Every Partnership is required to furnish the Registrar with any change after Incorporation e.g. Change of Partnership Name, Change of Address, Change of Partner(s)

Annual Renewal

BUY or Download Partnership Renewal Form

Fee of 50GHC for a year

Check List (✓)

Please make sure you have complied with the following

The document has been signed at all indicated places

Filled TIN Form(s), if any

Partnership Deed/Agreement stamped at Land Valuation Board and signed by all Partners

4 of 4