

APPLICATION TO REGISTER A COMPANY WITH SHARES

FORM 3C

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

Public Limited



FILL THE 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)	Registered Constitution		Standard Constitution		Tick Registered Constitution if the company has its own Constitution. If not, Tick Standard Constitution as in schedule 2 of Act 992.
Old Registration No.*					State accurately Old Registration Number, Tax Identification Number, Current Tax office, Old Date of Incorporation & Commencement, Name should be exact as registered, should there have been any Change of Name after registration do state the new name.
Old TIN.*					
Current Tax Office.*					
Old Date of Incorporation.*					
Old Date of Commencement.*					
Company Name*					Kindly use SR to indicate Applicable Name Ending for the Company to conform to Act 992 requirement.
Ending With*	PLC	PUBLIC LIMITED COMPANY			Tick Applicable Ending
Presented By*					Full name and TIN of the natural person or legal entity submitting documents to the Registrar of Companies
	TIN*				
(B)	Sector(s)*				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".
Legal	Estate/Housing	Media	Transport/Aerospace		
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)	Principal Business 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
Select the International Standard Industrial Classification (ISIC) code number(s) for the principal activity and other activities					
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					
(D)	Nature of Business of the Company				Specialized institutions for example Banks, Insurance and Security companies are required to state their objects here. All other applicants who wish to indicate their objects can also state same in this column

(E) 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. Obtain a digital address by downloading the Ghana Post GPS app onto any smart phone. To get an accurate address, stand at the entrance of the said location or office, Applicants are to ensure that the digital address provided matches with the registered office address.
House/Building/Flat* (Name or House No.)/LMB																								
Street Name*																								
City*																								
District*																								
Region*																								
(F) 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*																								
(G) Other Place of Business																								
Digital Address																								
House/Building/Flat (Name or House No.)/LMB																								
Street Name																								
City																								
District																								
Region																								
(H) Address at which Register of Members will be kept and maintained (if elsewhere than at the Registered Office)																								
Digital Address*																								
House/Building/Flat (Name or House No.)/LMB*																								
Street Name*																								
City*																								
District*																								
Region*																								
(I) Postal Address																								
C/O																								
Type*	P.O. BOX				PMB				DTD															
Number*																								
Town*																								
Region*																								
(I) Contact of the Company																								
Phone No 1*																								
Phone No 2																								
Mobile No 1*																								
Mobile No 2																								

Fax																		
Email Address*																		
Website																		
(J) Particulars of Directors of the Company																		
Director 1	Statutory Declaration & Consent Letter														Directors should be at least 18 years and above.			
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.															Directors are to attach a statutory declaration and consent letter as stated in section 172 (2) of Act 992.			
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 company that has become insolvent.															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*																		
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																		
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*																		

<i>Region*</i>																			List the names of other Companies for which you serve as director
<i>Country*</i>																			
<i>Particulars of other Directorships*</i>																			
<i>Director's Signature*</i>	<div style="border-bottom: 1px solid black; height: 40px; width: 100%;"></div>																		

(K)

Director2	Statutory Declaration & Consent Letter																		
A person shall not be appointed a director if																			Kindly use the instructions given in section (J)
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>Any Former Name</i>																			
<i>Gender*</i>	Male			Female															
<i>Date of Birth*</i>	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>											
<i>Place of Birth*</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																		
<i>Residential Address</i>																			
<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>																			
<i>Occupational Address</i>																			
<i>Digital Address*</i>																			

House/Building/Flat* (Name or House No.)/LMB																		
Street Name*																		
City*																		
District*																		
Region*																		
Country*																		
Particulars of other Directorships*																		
Director's Signature*	.....																
(L) 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																		
Consent Letter*																		
Title			Mr			Mrs			Miss			Ms			Dr			
First Name*																		
Middle Name																		
Last Name*																		
Any Former Name																		
TIN																		
Without TIN	Fill the GRA TIN Form attached																	
Gender*			Male			Female												
Date of Birth*	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>										
Place of Birth*																		
Nationality*																		
Occupation*																		
Mobile No 1*																		
Mobile No 2																		
Fax																		
Email Address*																		
Residential Address																		
Digital Address*																		
House/Building/Flat* (Name or House No.)/LMB																		
Street Name*																		
City*																		
District*																		
Region*																		
Country*																		
Email Address*																		
Signature*	.....																

(M) In Case the Company Secretary is a Body Corporate																				
Corporate Name*																				The Corporate Body must have as one of its subscribers or operating officers a person who qualifies to be a Company Secretary.
Corporate TIN*																				
Digital Address*																				
Corporate Address H/No. LMB*																				
P.O. Box/DTD/PMB*																				The Corporate Representative must hold at least one of the qualification(s) of secretary stated above Reference to section 211 (2) Act 992
Name of Person Representing the Corporate Secretary*																				
TIN of Representative*																				
Signature(Corporate Representative)*	.....																		
Corporate Stamp*	.....																		
Attested by																				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
Director*	TIN																			
Name*																				
Signature*																			
Secretary*	TIN																			
Name*																				
Signature*																			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 Reference to section 150 (1) (D)(ii) of Act 992
Director*	TIN																			
Name*																				
Signature*																			
Secretary*	TIN																			
Name*																				
Signature*																			

(N)																									Auditor of the Company									
TIN*															<p>A person shall be appointed an Auditor of a Public 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)</p>																			
Auditor's Firm Name*																																		
Digital Address*																																		
Auditor's Firm Address*																																		
P.O.Box																																		
PMB/DTD*																																		
House/Building/Flat																																		
(Name or House No.)/LMB*																																		
Street Name*																																		
City*																																		
District*																																		
Region*																																		
Mobile No.*																																		
Office No.																																		
Consent Letter*					Attach Consent Letter from Auditor																													
(O)																									Details of Shares and Stated Capital									
Authorised Shares*															<p>State clearly the total amount of the proposed Authorized Shares and the Stated Capital</p> <p>All shares are of no par value</p> <p>Also state all the relevant details about the company shares</p> <p>The amount Paid in Cash of Each Class and Amount Remaining to be Paid on Each Class must not exceed stated capital</p> <p>Equity Shares, previously known as Ordinary shares</p> <p>Amount Remaining to be Paid on Each Class must be stated, if it is applicable to the company</p>																			
Stated Capital*					GHC																													
Number of Authorised Shares of Each Class																																		
Equity Shares*																																		
Preference Shares					IF ANY																													
Number of Issued Shares of Each Class																																		
Equity Shares*																																		
Preference Shares					IF ANY																													
Amount Paid In Cash of Each Class:																																		
Equity Shares*					GHC																													
Preference Shares					GHC																													
Preference Shares					IF ANY																													
Amount Paid Otherwise than in Cash of Each Class																																		
Equity Shares					GHC																													
Preference Shares					GHC																													
Preference Shares					IF ANY																													
Amount Remaining to be Paid on Each Class																																		
Equity Shares(Unpaid)					GHC																													
Equity Shares (Due)					GHC																													
Preference Shares (Unpaid)					GHC																													
Preference Shares(Due)					GHC																													
(P)																									Address and Description of Shareholder - Individual									
This Section Must Be Filled with or Without a Registered Constitution																																		
I/We the undersigned are desirous of forming an incorporated Company in pursuance of this Constitution and we respectively agree to take the number of shares in the Company set opposite our respective names and to pay therefor in cash the consideration respectively stated																																		
Shareholder 1					Mr					Mrs					Miss					Ms					Dr									
First Name*																																		
Middle Name																																		
Last Name*																																		
Any Former Name																																		
TIN																																		
Without TIN					Fill the GRA TIN Form attached																													
Gender*					Male					Female																								
Date of Birth*					D	D	M	M	Y	Y	Y	Y																						
Place of Birth*																																		

Nationality*																		
Occupation*																		
Digital Address*																		
Address*																		
No. of Shares Taken*																		
Consideration Payable in Cash*																		
Signature*	<div>.....</div>																	
(Q) Address and Description of Shareholder - Individual																		
Shareholder 2	Mr			Mrs			Miss			Ms			Dr					Kindly use the instructions given in section (P)
First Name*																		
Middle Name																		
Last Name*																		
Any Former Name																		
TIN																		
Without TIN	Fill the GRA TIN Form attached																	
Gender*	Male			Female														
Date of Birth*	D	D	M	M	Y	Y	Y	Y										
Place of Birth*																		
Nationality*																		
Occupation*																		
Digital Address*																		
Address*																		
No. of Shares Taken*																		
Consideration Payable in Cash*																		
Signature*	<div>.....</div>																	
(R) In Case the Shareholder is a Body Corporate																		
Corporate Name*																		
Corporate TIN*																		
Digital Address*																		
Corporate Address*																		
H/No. LMB																		
P.O. Box/DTD/PMB*																		
No. of Shares Taken*																		
Consideration Payable in Cash*																		
Name of Person Representing the Corporate Shareholder*																		
TIN of Representative*																		
Signature (Corporate Representative)*	<div>.....</div>																	
Corporate Stamp*	<div>.....</div>																	

Attested by																		For authentication purposes, two officers of the company are to sign their signatures together with a seal or stamp of the company									
Director*		TIN																									
<i>Name*</i>																											
<i>Signature*</i>																										
Secretary*		TIN																									
<i>Name*</i>																											
<i>Signature*</i>																										
Or in the Alternative																											
Director*		TIN																									
<i>Name*</i>																											
<i>Signature*</i>																										
Director*		TIN																									
<i>Name*</i>																											
<i>Signature*</i>																										
Secretary*		TIN																									
<i>Name*</i>																											
<i>Signature*</i>																										
(S) Shares In Trust for Minor(s)																											
		Address and Description of Trustee - Individual																Individual or Corporate Bodies that may be holding shares for minors									
<i>TIN*</i>																											
<i>Trustee*</i>		Mr		Mrs		Miss		Ms				Dr															
<i>First Name*</i>																											
<i>Middle Name</i>																											
<i>Any Former Name</i>																											
<i>Last Name*</i>																											
<i>Nationality*</i>																											
<i>Occupation*</i>																											
<i>Digital Address*</i>																											
<i>Address*</i>																											
<i>Declaration*</i>		That I/we hold the Share(s) and all dividends and interests accrued or to accrue on trust for the Owner and I/we undertake to transfer and deal, in all respects, and to pay the Share and any dividends, interest and other benefits thereon and accretions thereto in such manner as the Owner shall from time to time direct.																									
<i>No. of Shares Taken*</i>																											
<i>Consideration Payable in Cash</i>		GHC																									
<i>Name (Minor)*</i>																											
<i>Date of Birth*</i>		<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>																		
<i>Identification Type(ID)</i>																											

ID Reference Number																				
Signature(Trustee)*	.....																		
(T) In Case the Trustee is a Body Corporate																				
Corporate Name*																				
Corporate TIN*																				
Corporate Address*																				
H/No. LMB																				
P.O. Box/DTD/PMB*																				
Corporate Stamp*	.....																		For authentication purposes, two officers of the company are to sign their signatures together with a seal or stamp of the company
Attested by																				
Director*	TIN																			
Name*																				
Signature*	.....																		
Secretary*	TIN																			
Name*																				
Signature*	.....																		
Or in the Alternative																				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
Director*	TIN																			
Name*																				
Signature*	.....																		
Director*	TIN																			
Name*																				
Signature*	.....																		
Secretary*	TIN																			
Name*																				
Signature*	.....																		

Declaration*		That the company holds the Share(s) and all dividends and interests accrued or to accrue on trust for the Owner and I/we undertake to transfer and deal, in all respects, and to pay the Share and any dividends, interest and other benefits thereon and accretions thereto in such manner as the Owner shall from time to time direct.																
No. of Shares Taken*																		
Consideration Payable in Cash*		GHC																
Name (Minor)*																		
Date of Birth(Minor)*		D	D	M	M	Y	Y	Y	Y									
Identification Type(ID)																		
ID Reference Number																		
(U) Witness to the above Signatures																		
Date*		D	D	M	M	Y	Y	Y	Y									The form must be signed by all Shareholders in the presence of a witness, who shall attest to the signing.
Full Name*																		
Witness Signature*																		
Address*																		
Occupation*																		
(V) 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 from website www.orc.gov.gh																		
(W) MSME Details																This is to determine the size of the Company i.e. small scale business, medium scale business or large scale business		
Revenue Envisaged*																		
No. of Employees Envisaged*																		
(X) Business Operating Permit (BOP) Request																		
Apply for BOP Now		Apply for BOP Later				Already have a BOP												
Provide BOP Reference No.																		
Please fill where applicant (Director/Secretary/Shareholder/Trustee) 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 appeared to understand same before appending his / her thumbprint to same.																For this section print a copy for each person who cannot sign to thumb print		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> Signature of the Witness </div> <div style="border: 1px solid black; padding: 10px; text-align: center;"> THUMB PRINT </div> </div>																		

(Y)		For Office Use Only																							
Date of Submission of Document*																									
Name of Company Inspector*																									
Filing Date*																									
Signature*		<div style="border: 1px solid black; height: 80px; width: 100%;"></div>																							
Important Information																									
MSME Classification in Ghana																									
Enterprise Category		Employment Size(Permanent s				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															
(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 Financial 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																									