

# REGISTRATION OF BUSINESS NAMES ACT, 1962 (ACT 151)

FORM A

## RE-REGISTRATION OF BUSINESS NAMES

SOLE PROPRIETORSHIP



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](http://www.orc.gov.gh)

Read the instructions before completing the Form. Incomplete applications or invalid data may delay the registration process

### (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	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
Business Name:*																				

### (B)

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

### (C)

Principal Business Activities*		
Select the International Standard Industrial Classification (ISIC) code number(s) for the principal activity		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 <a href="http://www.orc.gov.gh">www.orc.gov.gh</a>
ISIC code 1		
ISIC code 2		
ISIC code 3		
Principal Business Activities		
Old Date of Commencement:*	D D M M Y Y Y Y	

### Business Address Information

### (D)

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

Ownership of Premises	Rented			Owner Occupied			Free Use							
If Owner Occupied is it part rented?			Yes			No								
If Yes provide details of Landlord														
Landlords Name														
(E)	Registered Office Address													
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														
House/Building/Flat (Name or House No.)/LMB														
Street Name														
City														
District														
Region														
(G)	Postal Address													
C/O														
Type*	P O BOX			PMB			DTD							
Number*														
Town*														
Region*														
(H)	Contact													
Phone No 1*														
Phone No 2														
Mobile No 1*														
Mobile No 2														
Fax														
Email Address*														
Website														
(I)	Proprietor / Proprietress													
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*														
Occupation*														

Businesses that have multiple operational locations must complete this section. Supplementary sheets can be found on our website [www.orc.gov.gh](http://www.orc.gov.gh)

Please tick either Post Office Box (P O BOX), Private Mail Bag (PMB) or Door to Door (DTD) and provide details as applicable.

Applicants are to provide at least, one mobile phone number and an email address.

This is to assist the Registrar of Companies send out notices.

Mobile No 1*																				
Mobile No 2																				
Fax																				
Email Address*																				
TIN																				
Without TIN	Fill the GRA TIN Form attached																			
<b>(J)</b>	Residential Address of Proprietor or Proprietress																			
Digital Address*																				
House/Building/Flat* (Name or House No.)/LMB																				
Street Name*																				
City*																				
District*																				
Region*																				
Country*																				
<b>(K)</b>	MSME Details																			
Revenue Envisaged*																				
No. of Employees Envisaged*																				
<b>(L)</b>	Business Operating Permit (BOP) Request																			
Apply for BOP Now		Apply for BOP Later							Already have a BOP											
Provide BOP Reference No.																				
<b>(M)</b>	DECLARATION																			
<div style="display: flex; justify-content: space-between;"> <div> <p>I, ..... (Full name of Applicant)</p> <p>..... Signature</p> </div> <div> <p>Declare that the information given above is correct and complete.</p> <p>..... Date (d d / m m / y y y y)</p> </div> </div>																				
PLEASE FILL WHERE APPLICANT CANNOT READ OR WRITE																				
<p>N/B: I.....of (address)..... hereby declare that I have read over the contents of this document to the applicant in the..... language and he/she appeared to understand same before thumb printing.</p> <p>..... Signature</p> <p>..... Date (d d / m m / y y y y)</p>																		<div style="border: 1px solid black; padding: 10px; text-align: center;">THUMB PRINT</div>		
<b>(N) For Office Use Only</b>																				
Date of Submission of Document*																				
Name of Company Inspector*																				
Filing Date*																				
Signature*	.....																			

## Important Information

### MSME Classification in Ghana

Business Name 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	

Business Names 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 Proprietor/Proprietress is required to furnish the Registrar with any change after incorporation e.g. Change of Business Name, Change of Address, Change Nature of Business etc.

### Annual Renewal

BUY or Download Business Renewal Form  
Fee of 25GHC 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		
Provided Digital Address and Email Address		