

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)	Principal Place of Business																	
Is the Principal place of Business the same as the Registered Office Address?																		
<i>If Yes (Tick the box and proceed with other Place of Business)</i>								<i>If No (Provide Details)</i>										
Digital Address*																		
House/Building/Flat (Name or House No.)/LMB*																		
Street Name*																		
City*																		
District*																		
Region*																		
(F)	Other Place of Business																	
Digital Address																	Businesses 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*																	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																	This is to assist the Registrar of Companies send out notices.	
(I)	Proprietor / Proprietress																	
Title	Mr				Mrs				Miss				Ms		Dr			
First Name*																		
Middle Name																		
Last Name*																		
Any Former Name																		
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>										

Nationality*																	
Occupation*																	
Mobile No 1*																	
Mobile No 2																	
Fax																	
Email Address*																	
TIN*																	
Ghana Card(National Identity Card)*																	
Without TIN	Fill the GRA TIN Form attached																
(J)	Residential Address of Proprietor or Proprietress																
Digital Address*																	
House/Building/Flat* (Name or House No.)/LMB																	
Street Name*																	
City*																	
District*																	
Region*																	
Country*																	
(K)	MSME Details																
Revenue Envisaged*																	
No. of Employees Envisaged*																	
(L)	Business Operating Permit (BOP) Request																
Apply for BOP Now		Apply for BOP Later						Already have a BOP									
Provide BOP Reference No.																	
(M)	DECLARATION																

This is to determine the size of the Business i.e. small scale business, medium scale business or large scale business

I,
(Full name of Applicant)

Declare that the information given above is correct and complete.

.....
Signature

.....
Date (d d / m m / y y y y)

PLEASE FILL WHERE APPLICANT CANNOT READ OR WRITE

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 some before
thumb printing.

THUMB PRINT

.....
Signature

.....
Date (d d / m m / y y y y)

