APPLICATION TO REGISTER A COMPANY WITH SHARES



THE COMPANIES ACT, 2019 (ACT 992)

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

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

ADDITIONAL DIRECTOR'S FORM

Company Name*																								
					F	Parti	cula	rs o	f Dir	ecto	rs of	fthe	Con	npan	v									
Director															<u>y</u>				Directors should be at least 18					
Director Statutory Declaration & Consent Letter A person shall not be appointed a director if														years and	above	•								
i. That person within the promanager of a Company that		g five	e yea	ars o	f the							has	been	a dire	ector	or s	enio	r	Directors are to attach a statutory declaration and consent letter as					
													stated in section 172 (2) of Act 992											
	foncoi	Yes e involving fraud Yes			ıd or	dich	No												If you tick	c"ves"	' to an	of the		
Tick applicable	Tence i				lu oi	uisii	No												Statutory I	•				
	ffongo				0 22	omot			manat	ion o	n ma	2000	mont	ofo			that	haa	details tha director. A					
iii. Convicted of a criminal o become insolvent	пепсе	тега	ung	to th	ie pro	omot	1011, 1	псот	porai	.1011 0	I IIIa	nage	mem	. 01 a C	om	Jany	uiai	nas	document		suppoi	ung		
Tick applicable		Yes					No												A Compar	ny shal	I have	at least two		
Statutory Declaration For	m*					Con	isent	Let	ter*										directors o			should be		
Title		Mr					N	1rs			M	iss		М	s	Dr			resident in Ghana.					
First Name*																				If there are more than two directors, additional directors' forms shall be obtained from our				
Middle Name																			-					
Last Name*																			website at www.rgd.gov.gh	v.gh				
Any Former Name																								
Gender*		Ma	le		I	Fema	le																	
Date of Birth*	1	D .	D	M	M	Y	Y	Y	Y															
Place of Birth*																								
Nationality*																								
Occupation*																								
Mobile No 1*																								
Mobile No 2																								
Fax																								
Email Address*																								
TIN*																								
Ghana Card(National Iden	ıtity C	ard)	*		(GHA	-																	
Without TIN	l	Fill t	he G	RA '	TIN I	Form	atta	che	d															
Residential Address																								
Digital Address*																			This addre					
House/Building/Flat*																			not appear on public record, that of the addresses that will provided for the Company.					
(Name or House No.)/LME	3																			any.				
Street Name*																			Applicants are to ensure that the digital address provided matches with the residential address provided.					
City*																				dress				
District*																								
Region*																			Provide yo	ur cur	rent w	orkplace		
Country*																			_address.					
Occupational Address				I	1		1	1		1	1	1	[1	1	1					
Digital Address*																			+					
0 11441 600										1 of	2													

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House/Building/Flat*																					
(Name or House No.)/LMB																					
Street Name*																					
City*																					
District*																					
Region*																					
Country*																					
Particulars of other																		List the names of other Companies for which you serve as director			
Directorships*																		ion which you serve as an ector			
Director's Signature*																					
			•											•••••	••						
				P									npar	ıy				Divertors should be at least 10			
Director							y De				onse	nt Le	etter					Directors should be at least 18 years and above.			
			on sh										-					,			
i. That person within the preced manager of a Company that has	_				appli	catio	n for	· inco	rpora	ation	has	been	a dir	ecto	r or s	enioi		Directors are to attach a statutory declaration and consent letter as			
Tick applicable		Yes	;			No												stated in section 172 (2) of Act 992.			
ii. Charged with or convicted of	a crin	ninal	offen	ce in	volvi	ng fr	aud c	or dis	hone	sty								If you tick "yes" to any of the Statutory Declarations, provide details that qualifies you to be a			
Tick applicable		Yes	;			No															
iii. Convicted of a criminal offen	ce rela	ating	to th	e pro	moti	on, i	ncorp	orat	ion o	r ma	nage	ment	t of a	comp	pany	that		director. Attach supporting			
become insolvent																		documents			
Tick applicable		Yes	;			No												A Company shall have at least two			
Statutory Declaration Form*	Declaration Form* Consent Letter*															directors of which one should be					
Title		ľ	Mr			M	Irs			M	iss		N	Is		Г)r	resident in Ghana.			
First Name*									If there are more than two												
Middle Name*																		directors, additional directors' forms shall be obtained from our			
Last Name*																		website at www.orc.gov.gh			
Any Former Name*																					
Gender*	М	ale		F	ema	le											1				
Date of Birth*	D	D	M	M	Y	Y	Y	Υ													
Place of Birth*				-7-2																	
Nationality*																					
Occupation*																					
Mobile No 1*																					
Mobile No 2																					
Fax																					
Email Address*																					
TIN*																					
Ghana Card(National Identity	Cara	/)*			GHA	_															
Without TIN		•	GRA '	1			ched	 	<u> </u>	<u> </u>		1	l	<u> </u>		l					
Residential Address	1 111		Jaw 1	14 1	V1 111	utta	u	-										This address when provided will			
Digital Address*																		not appear on public record, unlike			
House/Building/Flat*																		that of the addresses that will be provided for the Company.			
(Name or House No.)/LMB																					
Street Name*																	1 1	Applicants are to ensure that the digital address provided matches			
		-	-															with the residential address			
City*								1	1												
City*																	1 1	provided.			
City* District* Region*									2 of									provided. Provide your current workplace address.			

Country*																
Occupational Address	'		'	'		'										
Digital Address*																
House/Building/Flat* (Name or House No.)/LMB																
Street Name*																
City*																
District*																
Region*																
Country*																
Particulars of other Directorships*															List the names of other Companies for which you serve as director	
Director's Signature*																
						Bene	ficia	al Ov	vnei	r(B0)				Section 35 (14) and (15) of Act	
influence over the legal person (Beneficial Owner(BO) beneficial owner (or owners) is the individual or natural person who owns, controls, has interest in, or exercises luence over the legal person (or arrangement) or receives substantial benefit from the applicant's activity. A neficial owner is an individual and cannot be a company.													992		
SANCTIONS: Failure to discl Fill the BO Form attached /D									and	pena	lties					