

COMPANIES

APPLICATION TO REGISTER A COMPANY WITH SHARES THE COMPANIES ACT, 2019 (ACT 992)

FORM 3 Private Limited

FILL ALL FORMS IN BLOCK LETTERS, AND LEAVE SPACES IN BETWEEN WORDS
PLEASE SPELL OUT ALL WORDS WITH NO ABBREVIATIONS
ALL FIELDS MARKED WITH AN ASTERISK (*) INDICATES A MANDATORY FIELD

A fee is payable with this form. Please see the fees on our website www.rgd.gov.gh.

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

(A)	Reg	ister	ed C	onst	ituti	on]	Stan	dard	d Cor	ıstitu	itior	1				Tick Registered Constitution if the company has its own Constitution. If not, Tick Standard Constitution as in
																			schedule 2 of Act 992.
Company Name*										П									Name should not be duplicated,
																			similar, misleading or undesirable.
																			The Registrar of Companies shall have the final approval regarding the name
																			which is eventually submitted for
																			registration.Section 21(2) of Act 992
																			A list of registered names can be
																			found on our portal www.rgdeservices.com
																			www.rgueservices.com
Ending With*	L	ΓD		L	IMI	ΓED	COM	IPAN	ΙY										Tick one preferred name ending
Presented By*																			Full name and TIN of the natural
																			person or legal entity submitting documents to the Registrar of
							T	IN*											Companies
(B)						1	Natı	ıre o	f Bu	sines	s/S	ecto	r(s)*	:					
Legal	Esta	ate/I	Ious	ing		Med	dia					Trai	ıspor	t/A	eros	рас	9		Choose your sector by ticking the box
Utilities	Edu	ıcatio	on			Ship	opin	g & F	ort			Esta	te/H	ous	ing				next to it. Specify sector(s).
Tourism		rry /				Hos	_					Fasł	nion/	Веа	utifi	catio	on		If your sector is not listed, write your
Insurance	Ent	ertai	nme	nt		Hea	lth (Care				Refi	nery	of M	line	rals			sector in the space provided for
Agriculture	Foo	d Inc	dusti	ry		Seci	uriti	es/B	roke	ers		Othe	ers(P	leas	e Sp	ecify)		"others".
Oil and Gas	Mar	nufac	cturi	ng		Con	nme	rce/	Trac	ding									
Construction	Pha	rma	ceuti	ical		Ban	king	gand	Fin	ance									
Telecom/ICT	Sec	urity				San	itati	on											
(C)										usine									
Select the Internat activity and other			ard I	ndus	strial	l Cla	ssifi	catio	n (IS	SIC) co	ode 1	num	ber(s	s) fo	r the	e pri	ncip	al	ISIC or classification code is a standard classification for economic or business activities so that establishments could
ISIC code 1																			be classified based on the activity they
ISIC code 2																			carry out.
ISIC code 3																			A detailed list of ISIC or Classification
ISIC code 4																			Codes can be found on our website at www.rgd.gov.gh
If you cannot deter	rmine a	code	e, ple	ease	give	a br	ief d	lescr	iptio	n of t	he c	omp	any's	bus	sine	ss ac	tivit	ies	www.ga.gov.g.r
(D)							0	bject	t(s)	of the	Cor	mpa	ny						To
																			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
1																			

(E)						Re	gist	ered	Off	ice A	ddr	ess						
Digital Address*																	P	er section 13 (2) (d) of Act 992 every
House/Building/Flat*	+																C	ompany must have a Registered
(Name or House No.)/LMB																		ffice and this is the address to which
																		ne Registrar of Companies may send prrespondence.
Street Name*														\vdash			 	эт сэрописнос.
Su cei ivanie																	— c	Obtain a digital address by
C' . *																		ownloading the Ghana Post GPS app
City*	-																OI	nto any smart phone.
District*																	ļ.,	o get an accurate address, stand at
Region*																		ne entrance of the said location or
(F)						Pri	ncip	al P	lace	of B	usir	iess						ffice,
Is the Principal place of Bu	sines	s the	e sar	ne a	s the	Re	giste	ered	Offi	ce A	ddre	ess?						pplicants are to ensure that the
If Yes (Tick the box and proc	eed w	vith o	ther	Plac	e of	Busi	•			If	No (Prov	ide L)etail	s)			igital address provided matches with
Digital Address*																	tr	ne registered office address.
House/Building/Flat																		
(Name or House No.)/LMB*																		
Street Name*																		
City*																		
City*														\vdash				
District*																		
Region*																		
(G)			ī			0	the	r Pla	ce o	f Bu	sine	SS						
Digital Address																		ompanies that have multiple
House/Building/Flat																	1 1	perational locations must complete nis section.
(Name or House No.)/LMB																		upplementary sheets can be found on
																		ur website www.rgd.gov.gh
Street Name																		
City																		
District																		
Region (H)	Ada	dress	cati	whic	h Da	aict	oro	f Ma	mha	arc M	vill k	o ko	nt o	nd n	nain	tain	od _	
		elsev				_						Je Ke	:pt a	iiu ii	Iaiii	ltaiii	leu	
Digital Address*	$\overline{}$	Τ									, 						A	Register of Members is a register
House/Building/Flat																		nat holds the names and addresses of
(Name or House No.)/LMB*																	 m	nembers of an incorporated
, ,,	-													\vdash				ompany.
Street Name*	+																1 1	is required that every company eeps and maintains a Register of its
City*	-																	lembers at a location in the country.
District*																	Ш [.] "	, and sound y
Region*																		
							P	osta	l Ad	ldre	SS							
C/0																L_		lease tick either Post Office Box (P O
																	1 1	OX), Private Mail Bag (PMB) or Door
Type*	P.	O. B0	OX			PME	3		D'	TD								Door (DTD) and provide details as pplicable.
Number*																		F F
Town*																		
Region*																		
(I)						C	onta	ect of	fthe	Cor	nnai	nv						
Phone No 1*						C	Jiila	LL UI	uie	- 601	iipai	ı y					Δ	pplicants are to provide at least, one
														\vdash			1 1	nobile phone number and an email
Phone No 2																		ddress.
Mobile No 1*																		his is to assist the Registrar of
Mobile No 2										1							C	ompanies send out notices.

Fax																		
Email Address*																		1
Website																		
(J)				P	arti	rula	rs of	Dir	ecto	rs of	fthe	Con	ınar	W				
Director 1												ent I						Directors should be at least 18 years
	A ne	rsor	sha		t be													and above.
i. That person within the prece												ion h	as h	een :	a dir	ecto	r or	
senior manager of a Company								.011 1	01 111	corp	orac		iuo b	CCII	u u 11		. 01	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	of a c			ffen	ce in		ing f	ranc	l or o	disha	nesi	v						
Tick applicable		Yes				No	6 .			215110	71103	- y						If you tick "yes" to any of the Statutory Declarations, provide details
iii. Charged with or convicted	of a			offer	ice r		ng ta	the	nro	moti	on i	ncori	nora	tion	or			that qualifies you to be a director.
management of a company	or a	C1 1111	11141	01101	1001	ciuti		, 1110	pro.	111001	011, 1	1001	poru	cion	01			Attach supporting documents
Tick applicable		Yes				No												
Statutory Declaration Form*		103			Con	sent	Lott	 										A Company shall have at least two directors of which one should be
Title		/Ir			Mrs		Leiie	1	Miss	<u> </u>		M	ls		Г	r		resident in Ghana.
First Name*	1.	11			1113				141133	,		10	13			1		
Middle Name*																		If there are more than two directors, additional directors' forms shall be
Last Name*																		obtained from our website at
Any Former Name*																		www.rgd.gov.gh
Gender*	М	ale		E	ema	lo												1
Date of Birth*	D IVI	n	M	M	v	V	V	V										-
Place of Birth*	D	D	IVII.	IVII	1	I	1	1										
Nationality*																		
Occupation* Mobile No 1*																		_
																		_
Mobile No 2 Fax																		_
Email Address*																		-
TIN																		_
	F:11	<u> </u>	CDA	TIA	LE		L41											_
Without TIN	FIII	tne	GKA	IIIN	l For	m a	ttacı	iea										This address when provided will not
Residential Address		1			1			1										appear on public record, unlike that of
Digital Address* House/Building/Flat*																		the Company.
(Name or House No.)/LMB																		Applicants are to ensure that the
(Name of House No.)/EMB																		digital address provided matches with
Street Name*																		the residential address provided.
Street Name																		_
City*																		-
District*																		Provide your current workplace
																		address.
Region* Country*																		-
Occupational Address								L			L							1
Digital Address*																		1
House/Building/Flat*																		-
(Name or House No.)/LMB																		-
Traine of House Ho. // LIVID																		-
Street Name*																		
Sireet ivaine																		-
City*	\vdash							\vdash			-							-
City* District*																		-
	\vdash							\vdash			\vdash							
Region*																		-
Country*																		

Particulars of other Directorships*	\Box																	List the names of other Companies for which you serve as director
_																		
	+			1														
Director's Signature*																		
(K)																		
Director2	T				Statu	itory	De	clara	ation	1 & C	ons	ent I	ette	r				
	Αρε	ersor	ı sha						direc									Kindly use the instructions given in
i. That person within the prec												ion l	nas b	een	a dire	ector	or	section (J)
senior manager of a Company	that t	has	bec	ome	inso	lven	t.											
Tick applicable		Yes	;			No												
ii. Charged with or convicted	of a c	rimi	inal	offer	ice ir	ivolv	ing	frau	d or o	disho	nest	ty						
Tick applicable		Yes				No												
iii. Charged with or convicted management of a Company	of a	crim	inal	offe	nce r	elati	ng to	the	pro	moti	on, i	ncor	pora	tion	or			
Tick applicable		Yes	;			No												
Statutory Declaration Form*	-				Con	sent	Lett	er*	•									
Title	N	⁄Ir			Mrs	5			Miss	s		N	1s		D	r		
First Name*																		
Middle Name*																		
Last Name*																		
Any Former Name*																		
Gender*	M	ale		F	ema	le			•	•	•	•		•		•		
Date of Birth*	D	D	M	M	Y	Υ	Y	Y										
Place of Birth*																		
Nationality*																		
Occupation*																		
Mobile No 1*																		
Mobile No 2																		
Fax																		
Email Address*																		
TIN													·	<u>!</u>				
Without TIN	Fill	the	GRA	TIN	V Fo	m a	ttac	hed	•		•							
Residential Address																		
Digital Address*																		
House/Building/Flat*																		
(Name or House No.)/LMB																		
Street Name*	\dagger			1														
City*	1																	
District*	+																	
Region*																		
Country*	1																	
Occupational Address	+	1	1	1	1	1	1	1	1	1		· · · · ·	1	l	ı			
Digital Address*	†																	
House/Building/Flat*	†			1														
(Name or House No.)/LMB				1														
Street Name*				T														

City*																		
District*																		
Region*																		
Country*																		
Particulars of other																		
Directorships*																		
Director's Signature*																		
Director's Signature																		
(L)					Pa	rticı	ılar	s of	Com	pan	y Se	cret	ary					
Professional qualification																		Tick the applicable qualification(s)
Tertiary level qualification																		Attach Consent Letter
Company Secretary Trainee																		Reference to Section 211 (1) and (3) of
Barrister or Solicitor in the R																		Act 992
Institute of Chartered Accou																		
Under the supervision of a q																		
Institute of Chartered Secret																		
By virtue of an academic qua																		
appears to the directors as ca	apable	e of p	perfo	rmi	ng th	e fui	ıctio	ns o	f Sec	reta	ry of	the						
Consent Letter*																		
Title	N	1r			Mrs	5			Miss	S		N	1s		Г	r		
First Name*																		
Middle Name*																		
Last Name*																		
Any Former Name*																		
TIN																		
Without TIN	Fill	the	GRA				ttacl	hed										
Gender*	Ma	ale		F	ema	le			_			_					1	
Date of Birth*	D	D	M	M	Y	Y	Y	Υ										
Place of Birth*																		
Nationality*																		
Occupation*																		
Mobile No 1*																		
Mobile No 2																		
Fax																		
Digital Address*																		
Email Address*																		
(M)		I	n Ca	se o	f Co	rpor	ate l	Body	y Act	ing	as C	omp	any	Seci	etar	y	ı	
Corporate Name*																		The Corporate Body must have as one of its promoters, subscribers or
																		operating officers a person who
																		qualifies to be a Company Secretary.
Corporate TIN*																	1	The Cornerate Depresentative must
Digital Address*																		The Corporate Representative must hold at least one of the qualification(s
Corporate Address																		of secretary stated above
H/No. LMB*					_													Reference to section 211 (2) Act 992
P.O. Box/DTD/PMB*			_		_										_			
			_		_													
					_													
		1	1		1		1	1		1	1	1			1	1	1	

Name of Person Representing the Corporate Secretary*																_
TIN of Representative*																_
Signature(Corporate Representative)*													 			
Corporate Stamp*													 			
	<u> </u>			A	ttes	ted k	y									For authentication purposes, two
Director*	T	IN												,		officers of the company are to sign their signatures together with a seal or
Name*																stamp of the company
Signature*																Reference to section 150 (1) (D) (i) Act 992
Secretary*	т	IN			······			<u>.</u>	······		 	·······	 			_
Name*	1.	IIN														_
Signature*													 			
			O	r in	the A	Alter	nati	ve						,		In the absence of a stamp or a seal of
Director*	T	IN														the company, the signature of two directors and a Company Secretary are
Name*																needed for authentication purposes Reference to section 150 (1) (D)(ii) of
Signature*													 			-Act 992
Director*	T	IN														-
Name*																
Signature*																
Secretary*	T	IN											 			1
Name*																-
																-
Signature*											<u></u>		 ·····			

(N)					Αι	ıdito	r of th	e Cor	npa	ny					
TIN*															A person shall be appointed an Auditor
Auditor's Firm Name*															of a private 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.
															Applicant needs to attach an Auditor's consent letter to this application
Digital Address*															before submission.
Auditor's Firm Address*															
P.O.Box															All Auditors shall hold office for a term
1.0.20%															of not more than six years and are eligible for appointment after a cooling
															off period of not less than six years.
DIAD/DTD*															Refer to section 139 (11)
PMB/DTD*															
				-											
	$\perp \perp$														
House/Building/Flat															
(Name or House No.)/LMB*															
Street Name*															
City*															
District*															
Region*															-
Mobile No.*															
Office No.															
Consent Letter*		 Attach	Con	cont	Lotto	r fro	m A116	litor							-
(0)	1	Attatii	COII	Sent			in Aut		Dot	oila					
Authorised Shares*				Т	Cap	ntal a	illu Sil	laies	Det	1115					State clearly the total amount of
	-														Authorized Shares
Stated Capital*	GH														and the Stated Capital
Number of Authorised Shar	es of	Each (lass						I	1	1 1				All shares are of no par value
Ordinary Shares*															Also state all the relevant details
Preference Shares													IF	ANY	about the company shares
Number of Issued Shares of	Each	Class							1						The amount Paid in Cash of Each Class
Ordinary Shares*															and
Preference Shares													IF	ANY	
Amount Paid In Cash of Eac	h Clas	SS:													Class must not exceed stated capital
Ordinary Shares*	GH	IC													
Preference Shares	GH	IC											IF	ANY	
					1		I				1				
Amount Paid Otherwise tha	n in (Cash of	f Eacl	ı Cla	SS										
Ordinary Shares*	GH														
Preference Shares	GH												IF	ANY	
Amount Remaining to be Pa			Class		1	[_		_	<u> </u>	-					Amount Remaining to be Paid on Each
Ordinary Shares(Unpaid)	GH														Class must be stated, if it is applicable
Ordinary Shares (Due)	GH														to the company
Preference Shares (Unpaid)						_									
Preference Shares (Unpaia) Preference Shares(Due)	GH GH			-		-									
Protoronoo Sharos(Iluo)	_ (↓H		- 1	1	1 1	1	1	1	1	1	1 1	1	1	1	1

(P)			Ad	ldre	ss a	nd D	escr	iptio	on of	Sub	scrib	er -	Indi	vidual			
This Section M	lust	Be F	ille	d wi	th o	r Wi	thou	ıt a F	Regis	tere	d Co	nstit	tutio	n			A subscriber is somebody who agrees
I/We the undersigned are des	irou	s of	form	ing a	an in	corp	orat	ed C	omp	any ii	n pur	rsuai	nce o	fthis			to become a member of the company
Constitution and we respective	-	_										_	-	oppos	ite oı	ur	by the taking up shares at the inception of the company
respective names and to pay t	here	efore	in c	ash t	he c	onsi	dera	tion	resp	ective	ely st	tated	ł				,
Subscriber 1	N	۷r		N	Irs		M	liss		M	S		Dı	•			The application for incorporation shall
First Name*																	be made by a person: a. Signing a duly completed application
Middle Name*																	for incorporation form
Last Name*																	or
Any Former Name*																	b. signing a duly completed application for incorporation form and the
TIN																	constitution of the proposed company
Without TIN	Fill	the	GRA	TIN	l Fo	rm a	ttac	hed									(where a registered constitution is
Gender*	M	ale		F	'ema	ale											preferred)
Date of Birth*	D	D	M	M	Y	Y	Y	Y									If there are more than two subscribers,
Place of Birth*																	additional subscriber forms shall be
Nationality*																	obtained from our website at
Occupation*																	www.rgd.gov.gh
Digital Address*											•		•		•		
Address*																	
No. of Shares Taken*																	
Consideration Payable in Cash	*	G	HC														
(Q)			Ad	ldre	ss a	nd D	escr	iptic	on of	f Subs	scrib	er -	Indi	 vidual			
Subscriber 2	N	۷r		N	Irs		M	liss		M	S		Dı	•			Kindly use the instructions given in
First Name*																	section (P)
Middle Name*																	
Last Name*																	
Any Former Name*																	
TIN													,			•	
Without TIN	Fill	the	GRA	TIN	l Fo	rm a	ttac	hed			•						
Gender*	M	ale		F	ema	ale											
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					_	_											
,	*	G	HC														
,	*	G	HC														
	*	G	HC														
Signature*	*	G	НС														
	*	G	HC														

(R)			Ir	ı Ca	se of	Cor	pora	ate E	Body	Acti	ing a	ıs A S	Subs	crib	er		
Corporate Name*																	If there are more than one Corporate
																	Subscribers, additional corporate
																	subscribers' forms shall be obtained from our website at www.rgd.gov.gh
Corporate TIN*																	irom our website at www.rgu.gov.gn
Digital Address*																	
Corporate Address*																	
H/No. LMB																	-
																	-
																	-
P.O. Box/DTD/PMB*																	-
1.0. 50%, 515,11115																	-
												+					
No. of Shares Taken*																	
Consideration Payable in Cash*	*	G	HC														
Name of Person																	
Representing the																	_
Corporate Subscriber*																	-
TIN of Representative*																	-
The of Representative												1					-
Signature	i																
(Corporate Representative)*	i																
	i																
	i																
Corporate Stamp*	i																
	i																
	ı																
				A	Attes	ted l	by										For authentication purposes, two
Director*	T	'IN															officers of the company are to sign
Name*																	their signatures together with a seal or stamp of the company
Sian atuma*	i																
Signature*	i																
	i																
Secretary*	Т	ΊN															
Name*																	
						•											
Signature*	i																
Signature	i																
	i																
			0	r in	the A	Alter	nati	ve									
Director*	T	IN															In the absence of a stamp or a seal of
Name*																	the company, the signature of two directors and a company secretary are
																	needed for authentication purposes
	ı																
Signature*	ı																
	i																
	i																

Director*	T	IN																
Name*																		
		•		•	•		•	•		•	•				•	•		
Signature*																		
Signature*																		
Secretary*	T	IN																
Name*																		
Signature*																		
Signature																		
(S)										for l								
	Ц.		A	ddr	ess	and	Desc	ript	ion	of T	rust	ee - I	Indiv	vidu	al			Individual or Corporate Bodies that may be holding shares for minors
TIN*	<u> </u>																	imay be notding shares for minors
Trustee*	N	⁄Ir		M	Irs		M	iss		N	1s		D	r				
First Name*	↓																	
Middle Name*	—																	
Any Former Name*	↓																	
Last Name*	↓																	
Nationality*	<u> </u>																	
Occupation*																		
Digital Address*	<u> </u>																	
Address*	L																	
	L																	
	<u></u>																	
	<u></u>																	
Declaration*												inter						
												to t					n all	
												inte nanne					المر	
		n tim					CIOII	s tile	ieto	111 50	icii ii	iaiiiit	ei as	uie	OWII	EI 31	IaII	
N CGI TII V	+	··· c····	10 10		. u													
No. of Shares Taken*																		
Consideration Payable in Cash	G	HC																
Name (Minor)*	70	70	17	1.7	X 7	X 7	X 7	T 7										
Date of Birth*	D	D	M	M	Y	Y	Y	Y										
Identification Type(ID)																		
ID Reference Number	+																	
Signature(Trustee)*																		
(T)				In C	260	of Ca		rata	Rod	Ιν. Λα	tino		Tru	ctor	`			
Corporate Name*	+	1		III C	ase	OI C) po	late	DUU	ly At	Ling	as a	1110	15166	; 	1	Ι	
Corporate Name ·	-						-											
	-						-											
Corporate TIN*	\vdash						-				-							
Corporate Address*	\vdash						+											-
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P.O. Box/DTD/PMB*																		
Corporate Stamp*		1			1				l		1	-			1			For authentication purposes, two officers of the company are to sign their signatures together with a seal or stamp of the company
					Attes	ted 1	hv	•••••		•••••				•••••				-
Director*	Т	IN			Trees	lea												
Name*																		
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Secretary*	Т	IN																
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Director*	Т	IN																In the absence of a stamp or a seal of the company, the signature of two
Name*																		directors and a Company Secretary are
Signature*											<u> </u>				<u> </u>			needed for authentication purposes
Director*	Т	IN				······	······	 T	······		 T	T			1			
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No. of Shares Taken*																		
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Name (Minor)*																		
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Name of Company Inspector*																								
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Important Information MSME Classification in Ghan Enterprise Category Employment Size(Permanent s Turnover Assets

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 Accounts and subsequently annually at a fee. Late/Non Filing attracts Penalties

Check List (✓)