



THE COMPANIES ACT, 1963 (ACT 179)
PARTICULARS OF AN EXTERNAL COMPANY REQUIRING REGISTRATION
UNDER SECTION 303 OF THE COMPANIES ACT, 1963 (ACT 179)

(Section 303 (1)(b))

INSTRUCTIONS: COMPLETE FORM WITH BLACK INK AND IN BLOCK LETTERS
PLEASE SPELL OUT ALL WORDS –NO ABBREVIATIONS
***INDICATES MANDATORY FIELD**

(A)															
Name of Company:															
Presented by:															
To the Registrar of Companies: P. O. Box 118, Accra															
General Nature of Business :	Mining/Oil and Gas					Manufacturing									
	Finance/Insurance/Real Estate					Commerce									
	Services					Construction/Civil Engineering									
	Farming/Fisheries					Transportation									
	Health/Pharmacy					Others									
	Information Communication Technology (ICT)														
Principal Activity:															
ISIC Code															
(B) Business Address Information															
Address of the Registered or Principal Business Office in Country of Incorporation															
*House/Building/Flat (Name or House No. etc.) /LMB:															
*Street:															
*City:															
PMB/DTD															
P.O.Box:															
State/Province															

Employment Type	Self Employed	Employee	Employee of a Foreign Mission
	Other (Specify)		
Employers Name			
Main Occupation			
Section to be filled out if Local Manager Does Not have a TIN and is Self-employed			
Nature of Business			
Annual Turnover			
No of Employees			
Business Address:			
House No.			
Building Name			
Street Name			
Town / City			
Location / Area			
Country			
Region			
District			
Ghana Digital Address			
Section to be filled out by All Local Managers (regardless of whether they have a TIN or not)			
Mobile Number 1:			
Mobile Number 2:			
Phone Number 1:			
Phone Number 2:			
Fax:			
E-mail Address:			
Preferred Contact	Mobile	Email	Letter
Residential Address			
House No.			
Building Name			
Street:			
Town / City:			

Type of Identification Used				Voters Card				National ID				Driver's License								
Date of Issue	D	D	M	M	Y	Y	Y	Y												
Date of Expiry	D	D	M	M	Y	Y	Y	Y												
Country of Issue																				
Place of Issue																				
ID Number																				
Mothers Maiden Last Name																				
Mothers Maiden First Name																				
Marital Status	Single				Married				Divorced											
	Separated				Widowed				Widower											
Town of Birth																				
Country of Birth																				
Region of Birth																				
District of Birth																				
Resident	Yes				No															
Other Information	Importer				Exporter				Tax Consultant				Not Applicable							
Current Tax Office																				
Old TIN																				
Employment Type	Self Employed				Employee				Employee of a Foreign Mission											
	Other (Specify)																			
Employers Name																				
Main Occupation																				
Section to be filled out if Authorised Person Does Not have a TIN and is Self-employed																				
Nature of Business																				
Annual Turnover																				
No of Employees																				
Business Address:																				
House No.																				
Building Name																				
Street Name																				
Town / City																				
Location / Area																				

Country																				
Region																				
District																				
Ghana Digital Address																				
Section to be filled out by All Authorised Persons (regardless of whether they have a TIN or not)																				
Mobile Number 1:																				
Mobile Number 2:																				
Phone Number 1:																				
Phone Number 2:																				
Fax:																				
E-mail Address:																				
Preferred Contact		Mobile		Email		Letter														
Residential Address																				
House No.																				
Building Name																				
Street:																				
Town / City:																				
Location / Area																				
Country:																				
Region:																				
District:																				
Ghana Digital Address																				
Postal Address																				
Care of:																				
Postal Type		P O Box		PMB		DTD														
Postal No																				
Postal Region																				
Postal Town																				

If the change is in respect of the place of business, kindly state the house number and street (if any) of the new place of business or give an adequate description of the principal place of business.

A person who, without reasonable excuse, fails to furnish the Registrar with the required statement of any change in the particulars registered within twenty eight days of the change commits an offence and is liable on summary conviction to a fine of not more than two hundred and fifty penalty units and in the case of continuing default five penalty units for each day that the default continues.

A person who wilfully makes a false statement on this document and knows it to be false commits an offence and is liable on conviction to imprisonment for a term of not more than two years or to a fine of not more than five hundred penalty units or to both the imprisonment and the fine.

INSTRUCTIONS TO FILL IN EXTERNAL COMPANY REGISTRATION FORM

Section A:

- (i) **Name of Company:** Please write the Name of the External Company which is to be registered in Ghana (should be identical to company incorporated outside the country).
- (ii) **Presented by:** Indicate whether Local Member or Process Agent.
- (iii) **General Nature of Business:** Please tick (✓) the appropriate column/columns applicable to your line of business
- (iv) **Principal Activity:** Out of the above classification selected by you, kindly mention your principal business activity.
- (v) **ISIC Code:** Indicate the ISIC (International Standard Industrial Classification) Code of your principal business activity.

Section B:

Principal Place of Business

Address of the Registered or Principal Business Office in Country of Incorporation

- (i) State the **House/Building/Flat (Name or House No. etc.) Landmark of Building (LMB)** in which Company is situated.
- (ii) State the **Street** in which the Company is situated.
- (iii) State the **City** in which the Company is situated.
- (iv) State the **District** in which the Company is situated.
- (v) State **State/Province** in which company is situated.
- (vi) State **Country** in which company is incorporated.
- (vii) **Zip Code:** Provide zip code in country of Incorporation

Section C:

Principal Place of Business in Ghana

- (i) State the **House/Building/Flat (Name or House No. etc.) Landmark of Building (LMB)** in which Company is situated.
- (ii) State the **Street** in which the Company is situated.
- (iii) State the **City** in which the Company is situated.
- (iv) State the **District** in which the Company is situated.
- (v) State the **Region** in which the Company is situated.
- (vi) Indicate the Ghana **Digital Address** of the Principal Place of Business (www.ghanapostgps.com)
- (vii) Please tick (✓) the appropriate column for options against **“Ownership of Premises”**.
- (viii) Please tick (✓) the appropriate column against **“If Owner occupied, is part rented.”**
- (ix) State the **Landlord's Name** in full if appropriate

Section D:

Postal Address in Ghana

- (i) Specifically mention the **C/O** against a specific person/company.

- (ii) State the **Postal Type** by ticking (✓) the appropriate column from provided options.
- (iii) State the complete **Postal Number** including Prefix and Number.
- (iv) State the **City**.
- (v) State the **District**
- (vi) State **Region**

Section E:

Contacts in Ghana

- (i) Pl. write details of **Mobile No.1** and **Phone No.1** of the company office.
- (ii) **Phone No. 2, Mobile No. 2, Fax, Email and Website** of the company are optional.

Section F:

Particulars of Local Manager

- (i) Provide the **First Name, Middle Name** and **Last Name** of the Local Manager
- (ii) Please indicate whether the Local Manager already has a Taxpayer Identification Number (TIN).
- (iii) If the Local Manager already has a TIN please provide it
- (iv) If the Local Manager does not already have a TIN please provide the required details including a valid means of identification (Ghana Voters Card, National Identity Card or Driving License) – this will permit Registrar-General’s Department to submit an application for TIN on his / her behalf.
- (v) For all Local Managers (regardless of whether they have a TIN or not) please provide their Title, Employment Type, Employers Name, Main Occupation, Marital Status, Country of Birth, Region of Birth, Nationality, Resident Status, indication of whether Local Manager is an Importer, Exporter or Tax Consultant, the Tax Office at which the Local Manager is currently registered (if applicable), ‘Old’ TIN of Local Manager (if applicable), Mobile Phone No., Phone No., Fax No., email address, preferred contact mode, Residential Address, Postal Address
- (vi) If the Local Manager is self-employed please also provide: the Nature of Business, Annual Turnover, No. of employees and Business Address

Section G:

Capital Amount

- (i) Pl. write Nominal Capital in GHC.
- (ii) Please write the Authorized Capital in GHC.
- (iii) State here the Issued Capital in GHC.
- (iv) In last two columns state the Capital Paid up in Cash and Capital Paid up otherwise than in Cash.

Section H:

Particulars of person authorised to accept service of process and other documents on behalf of company

- (i) Provide the **First Name, Middle Name** and **Last Name** of the person
- (ii) Please indicate whether the person already has a Taxpayer Identification Number (TIN).
- (iii) If the person already has a TIN please provide it
- (iv) If the person does not already have a TIN please provide the required details including a valid means of identification (Ghana Voters Card, National Identity Card or Driving License) – this will permit Registrar-General’s Department to submit an application for TIN on his / her behalf.
- (v) For all persons (regardless of whether they have a TIN or not) please provide their Title, Employment Type, Employers Name, Main Occupation, Marital Status, Country of Birth, Region of Birth, Nationality, Resident Status, indication of whether person is an Importer, Exporter or Tax Consultant, the Tax Office at which the person is currently registered (if applicable), ‘Old’ TIN of person (if applicable), Mobile Phone No., Phone No., Fax No., email address, preferred contact mode, Residential Address, Postal Address

- (vi) If the person is self-employed please also provide: the Nature of Business, Annual Turnover, No. of employees and Business Address

Section I:

Declaration

- (i) Pl. write Full Name of the Applicant.

Section J:

SME Details

- (I) In this section you have to indicate information regarding the **Total Number of Employees Envisaged** of the Company in the spaces provided.
- (ii) In this section you have to indicate information regarding the **Total Amount of Revenue Envisaged** of the Company in the spaces provided.

Section K:

Business Operating Permit (BOP) Request

- (I) Tick the appropriate box to indicate if you wish to apply for a Business Operating Permit (BOP) **Now, Later** or whether you **Already have** a BOP.
- (II) If you already have a Business Operating Permit (BOP) please provide the **Reference Number**