



THE COMPANIES ACT 1963 (ACT 179)

RETURNS OF PARTICULARS OF A COMPANY LIMITED BY GUARANTEE UNDER SECTIONS 27(1) AND 335A (1) (C) OF THE COMPANIES ACT, 1963 (ACT 179) ON INCORPORATION

(Sections 27(1) and 335 A(1)(C))

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

(A)															
Name of Company:															
Type of Company															
Presented by:															
Objects for which Company is formed:															
Principal Activity:															
ISIC Code															
(B) Business Address Information															
Registered Office Address															
*House/Building/Flat (Name or House No. etc.) /LMB:															
*Street:															
*City:															
*District:															
*Region:															
*Digital Address:															

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						
(C) Principal Place of Business						
*House/Building/Flat (Name or House No. etc.) /LMB:						
*Street:						
*City:						
*District:						
*Region:						
*Digital Address:						
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						
(D) Other Place(s) of Business						
*House/Building/Flat (Name or House No. etc.) /LMB:						
*Street:						
*City:						
*District:						
*Region:						
*Digital Address:						
Ownership of Premises						
		Rented		Owner Occupied		Free Use
If Owner Occupied is it part rented?						
		Yes		No		
If Yes provide details of Landlord						

Town / City																				
Location / Area																				
Country																				
Region																				
District																				
Ghana Digital Address																				
Section to be filled out by All Executive Council Members or Directors (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																		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																		DTD
Postal No																				
Postal Region																				
Postal Town																				

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 Executive Council Member or Director 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 Executive Council Members or Directors (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																				

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															
	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 Secretaries / Representatives 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 Secretaries/Representatives (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																				

Signature of Secretary / Corporate Representative	
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IN CASE OF A CORPORATE BODY ACTING AS A SECRETARY

*TIN																				
*Corporate Name:																				
*Corporate Address: H/No. LMB																				
P.O.Box/DTD/PMB																				
Mobile Number 1:																				
Mobile Number 2:																				
Fax:																				
E-mail Address:																				
Website:																				
*Corporate Stamp																				

(I) Particulars of Auditor of the Company

TIN																				
Auditors Firm Name																				
Audit Firm House /Building / Flat No.																				
Street:																				
Town / City:																				
Country:																				
Region:																				
District:																				
Ghana Digital Address																				

Postal Address																				
Care of:																				
Postal Type		P O Box					PMB					DTD								
Postal No																				
Postal Region																				
Postal Town																				
Postal Location																				
Phone No																				
Mobile No																				
Email																				
Website																				

(J) Executive Council Members' or Directors' Signatures	
Executive Council Member or Director 1: (Name) _____ (Signature) _____	Executive Council Member or Director 2: (Name) _____ (Signature) _____

(K) Declaration (for Executive Council Member or Director who cannot read or write)									
N/B: I.....of..... (address) hereby declare that I have read over the contents of this document to the Director in the language and the Executive Council Member Director appeared to understand same before thumb printing. (Signature)	<table border="1"> <tr> <td style="text-align: center;"> THUMB PRINT OF EXECUTIVE COUNCIL MEMBER OR DIRECTOR </td> </tr> </table>	THUMB PRINT OF EXECUTIVE COUNCIL MEMBER OR DIRECTOR							
THUMB PRINT OF EXECUTIVE COUNCIL MEMBER OR DIRECTOR									
	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Date (d d / m m / y y y y)								

Registrar-General's Department within twenty eight days after any change in any of the particulars registered. If any of the Director(s), cannot sign, his or her mark must be affixed and witnessed. The name and address of witness must be stated.

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. Where the company defaults in delivering to the Registrar with the required statement of any change in the particulars registered within twenty eight days of the change, the company and every officer of the company who is in default is liable to a fine of not more than twenty 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.

COMPANY REGULATIONS

The Company is required to deliver its proposed Regulations to the Registrar of Companies for incorporation. Alternatively, the Company may accept the attached standard form Regulations, either in whole or in part and return the signed copy to the Registrar, along with this Form for incorporation.

INSTRUCTIONS TO FILL IN FORM 3B

Section A:

- (i) **Company Name:** State the full name of the Company
- (ii) **Type of Company:** State the type of Company
- (ii) **Presented by:** State whether it is a Executive Council Member or Director or Secretary
- (iii) **Objects for which Company is formed::** Please indicate the Objects of the Company
- (iv) **Principal Activity:** Kindly define the Company's principal business activity.
- (v) **ISIC Code:** Indicate the ISIC (International Standard Industrial Classification) Code of your principal business activity.

Section B:

Registered Address

- (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 Registered Office (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 C:

Principal Place of Business

- (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:

Other Places of Business

Each of the two addresses of this section should be filled in under following guidelines:

- (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 Other Places 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 E:

Postal Address

- (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 F:

Contacts

- (i) **Office Mobile No. 1** and **Phone No. 1** of the Company are mandatory and therefore must be provided.
- (ii) **Phone No. 2, Mobile No. 2, Fax, Email** and **Website** of the Company are optional.

Section G:

Particulars of Executive Council Members or Directors of the Company

Minimum of two Executive Council Members or Directors, one must at all times be resident in Ghana. (Each Executive Council Member or Director of the Company must provide all the details as mentioned below. In case of more than two Executive Council Members or Directors, additional sheet may be used to provide details of the remaining Executive Council Members or Directors of the Company. Each Executive Council Members or Executive Council Members or Director must endorse his/her signature in the space provided for this purpose.) **A corporate body cannot be an Executive Council Members or Director.**

- (i) Please indicate whether the Executive Council Member or Director already has a Taxpayer Identification Number (TIN).
- (ii) If the Executive Council Member or Director already has a TIN please provide it
- (iii) If the Executive Council Member or Director 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.
- (iv) For all Executive Council Members or Directors (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 the Executive Council Member or Director is an Importer, Exporter or Tax Consultant, the Tax Office at which the Executive Council

Member or Director is currently registered (if applicable), 'Old' TIN of Executive Council Member or Director (if applicable), Mobile Phone No., Phone No., Fax No., email address, preferred contact mode, Residential Address, Postal Address

- (v) If the Executive Council Member or Director is self-employed please also provide: the Nature of Business, Annual Turnover, No. of employees and Business Address
- (vi) If the Executive Council Member or Director holds other Directorships please provide particulars: clearly write the full Company Name and Company Address whose directorship is being held by the Executive Council Member or Director.

Section H:

Particulars of Secretary of the Company

The Secretary must at all times be resident in Ghana

- (i) Please indicate the role of the individual who undertakes the duties of the Secretary: whether he /she is the Secretary him/herself or the Representative of a Corporate Body acting as Secretary
- (ii) Please indicate whether the Secretary / Representative already has a Taxpayer Identification Number (TIN).
- (iii) If the Secretary / Representative already has a TIN please provide it
- (iv) If the Secretary / Representative 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) In all cases (regardless of whether the Secretary / Representative has a TIN or not) please provide their Title, Employment Type, Employers Name, Main Occupation, Marital Status, Country of Birth, Region of Birth, Nationality, Residential Status, indication of whether Secretary / Representative is an Importer, Exporter or Tax Consultant, the Tax Office at which the Secretary / Representative is currently registered (if applicable), 'Old' TIN of Secretary / Representative (if applicable), Mobile Phone No., Phone No., Fax No., email address, preferred contact mode, Residential Address, Postal Address
- (vi) If the Secretary / Representative is self-employed please also provide: the Nature of Business, Annual Turnover, No. of employees and Business Address
- (vii) In the case of a corporate body acting as a Secretary please provide: the Corporate TIN, Corporate Name, Corporate Address, and Corporate Phone No. / Fax / Email / Website

Section I:

Particulars of Auditor of the Company

- (i) Please provide the Auditor's Taxpayer Identification Number (TIN).
- (ii) Please provide the Auditor's Name, Address and Contacts

Section J:

Executive Council Members' or Directors' Signatures

Provide the **Signatures** of the Executive Council Members or Directors of the Company.

Section L:

Secretary's Signature

Provide the **Signature** of the Secretary of the Company.

Section M:

Amount Guaranteed

In this section please provide the Amount Guaranteed for the company. This minimum amount in the Companies Act, 1963 (Act 179) is a GH¢ 100.00.

Section N:

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 O:

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**