



REGISTRATION OF BUSINESS NAMES ACT, 1962 (ACT 151)

REGISTRATION OF BUSINESS NAME - SOLE PROPRIETORSHIP

(Sections 2)

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

(A)															
Business Name:															
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:															
Date of Commencement	D	D	M	M	Y	Y	Y	Y							
ISIC Code															
(B) Business Address Information															
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						
(C) Proprietor / Proprietress						
Title		Mr		Mrs		Miss
						Ms
						Dr
First Name						
Middle Name						
Last Name						
Gender		Male		Female		
Date of Birth	D	D	M	M	Y	Y
Any Former Name						
Nationality						
Does Proprietor / Proprietress Have a Tax Identification Number (TIN)?						Yes
						No
Section to be filled out by Proprietor / Proprietress who has a TIN						
TIN						
Section to be filled out by Proprietor / Proprietress who does not have a TIN						
Type of Identification Used		Voters Card		National ID		Driver's License
Date of Issue	D	D	M	M	Y	Y
Date of Expiry	D	D	M	M	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 Proprietor / Proprietress 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 Proprietors / Proprietresses (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													
Postal Address																			

Care of:																				
Postal Type			P O Box			PMB														
Postal No																				
Postal Region																				
Postal Town																				
(D) Residential Address of Proprietor or Proprietress																				
House No.																				
Building Name																				
Street:																				
Town / City:																				
Location / Area																				
Country:																				
Region:																				
District:																				
Ghana 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																				
(E) 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		
Landlords Name		
(F) Postal Address		
Care of:		
Postal Type	P O Box	PMB
Postal No		
Postal Region		
Postal Town		
(G) Contact		
Phone No. 1:		
Mobile No. 1:		
Mobile No. 2:		
Fax:		
E-mail Address:		
Website:		
(H) SME Details		
No. of Employees Envisaged:		
Revenue Envisaged:		
(I) Business Operating Permit (BOP) Request		
Apply for BOP Now	Apply for BOP Later	Already have a BOP*
*Provide BOP Reference No.		
(J) Declaration		
<p>I, declare that the information given is correct and complete.</p> <p style="text-align:center;"><i>(Full name of Applicant)</i></p> <p>.....</p> <p style="text-align:center;"><i>(Signature)</i></p>		
		<div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p style="text-align:center;">Date (d d / m m / y y y y)</p>

(K) Declaration (for an Applicant who 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 the Applicant appeared to understand same before thumb printing.								THUMB PRINT OF THE APPLICANT									
..... (Signature)								<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Date (d d / m m / y y y y)									
For Official Use Only																	
Date of Submission of Document:	D	D	M	M	Y	Y	Y	Y									
Transaction ID Number Allocated																	
ISIC Code																	
Office Description																	

(For instructions as to signing etc., see Notes on subsequent pages)

NOTES

This Form must be signed by the Applicant and sent by post, e-mail or electronically delivered to the Registrar of Business Names, P. O. Box 118, Accra, within 28 days after any change in any of the particulars registered. If the applicant cannot read/sign, his or her mark must be made and witnessed. The Witness must write his / her name clearly and give sufficient address.

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

Failure, without reasonable excuse, to furnish the Registrar with the required statement of any change in the particulars registered within 28 days of such change will entail liability on conviction to a fine not exceeding GHC 10.00 for every day during which the default continues and any statement which contains any false information signed by any applicant knowingly will entail liability and on conviction to imprisonment for a term not exceeding six months or to a fine not exceeding GHC 500.00 or to both such imprisonment and fine.

INSTRUCTIONS TO FILL SOLE PROPRIETOR FORM

Section A:

- (i) **Business Name:** Here state the full name of the business (Name cannot imply ownership of more than 2 people for eg. &, and etc)
- (ii) **General Nature of Business:** please tick (v) the appropriate column/columns applicable to your line of business
- (iii) **Principal Activity:** Out of the above classification selected by you, kindly mention you principal business activity here.
- (iv) **Date of Commencement:** Write here the commencement date of your business in the given format of (dd/mm/yyYY). The business must have commenced within 14 days before registration.
- (v) **ISIC:** State appropriate ISIC code for principal activity

Section B:

Principal Place of Business

- (i) State the **House/Building/Flat (Name or House No. etc.) Landmark of Building (LMB)** in which the business is situated.
- (ii) State the **Street** in which the business is situated.
- (iii) State the **City** in which the business is situated.
- (iv) State the **District** in which the business is situated.
- (v) State the **Region** in which the business is situated.
- (vi) Indicate the Ghana **Digital Address** of the 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 C:

Owner Information

- (i) Please provide the **First Name, Middle Name** and **Last Name** of the Owner
- (ii)** Please indicate whether the Owner **already has a Taxpayer Identification Number (TIN)**.
- (iii) If the Owner already has a **TIN** please provide it
- (iv) If the Owner 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 Owners (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 Owner is an Importer, Exporter or Tax Consultant, the Tax Office at which the Owner is currently registered (if applicable), ‘Old’ TIN of Owner (if applicable), Mobile Phone No., Phone No., Fax No., email address, preferred contact mode,
- (vi) If the Director is self-employed please also provide: the Nature of Business, Annual Turnover, No. of employees

Section D:

Residential Address of Person Registering

- (i) State the **House/Building/Flat (Name or House No. etc.) Landmark of Building (LMB)** in which the applicant is residing.
- (ii) State the **Street** in which the applicant is residing.
- (iii) State the **City** in which the applicant is residing.
- (iv) State the **District** in which the applicant is residing..
- (v) State the **Region** in which the applicant is residing..
- (vi) Indicate the Ghana **Digital Address** of where the applicant is residing (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:

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)** where branch of business is situated
- (ii) State the **Street** where branch of business is situated
- (iii) State the **City** where branch of business is situated
- (iv) State the **District** where branch of business is situated
- (v) State the **Region** where branch of business is situated
- (vi) Indicate the Ghana **Digital Address** where branch of business is situated (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 F:

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 G:

Contacts

- (i) One **Mobile** is mandatory and therefore must be provided.
- (ii) **Phone No. Fax No., Email and Website** are optional.

Section H:

SME Details

This section is optional if you fill it then please provide the **Total Number of Employees** and **Revenue Envisaged** in the spaces provided

Section I:

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**

Section J:

Declaration

- (i) Here provide the **Full Name** of the **Applicant**.
- (ii) Provide **Signature** and **date** of the **Applicant**.

Section K:

Declaration

- (i) Here provide the **Full Name** of the **Witness**.
- (ii) State the **Residential Address** of the **Witness**.
- (iii) Mention here the **Language** in which the content of the form is read over by the witness for illiterate Applicants.
- (iv) A literate person should endorse the **Thumb Print** of an illiterate person