



THE COMPANIES ACT, 1963 (ACT 179)

PARTICULARS OF EXTERNAL COMPANIES REQUIRING
REGISTRATION UNDER SECTION 303 OF 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					Commence									
	Services					Construction/Civil Engineering									
	Farming/Fisheries					Transportation									
	Health/Pharmacy					Others									
	Information Communication Technology (ICT)														
*Principal Activity:															
(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:															
Country of Incorporation:															
Zip code:															

(C) Address of principal place of business in Ghana																	
*House/Building/Flat (Name or House No. etc.)/LMB:																	
*Street:																	
*City:																	
*District:																	
*Region:																	
* P.O.Box:																	
* PMB/DTD:																	
(D) Postal Address																	
*C/O:																	
*Postal Type: (Tick as applicable)					P.O.Box					PMB					DTD		
* Postal Number:	Prefix			Number													
*City:																	
*District:																	
*Region:																	
(E) Contacts																	
Phone Number 1:																	
Phone Number 2:																	
Mobile Number 1:																	
Mobile Number 2:																	
Fax:																	
E-mail Address:																	
Website:																	
(F) Particulars of Local Manager																	
TIN:																	
PRESENT NAME																	
First Name:																	

Middle Name:																				
Surname:																				
Any Former Forename or Surname:																				
Date of Birth:																				
Nationality:																				
Residential Address:																				
* House/Building/Flat (Name or House No. etc.)/LMB:																				
*Street:																				
* City:																				
* District:																				
*Region:																				
* P.O.Box:																				
*PMB/DTD:																				
Phone Number:																				
Mobile Number:																				
E-mail Address:																				
Occupation:																				
(G)	Capital Amount																			
* Nominal Capital:																				
* Authorised Capital:																				
* Issued Capital:																				
* Capital Paid up in Cash:																				
Capital Paid up otherwise than in Cash:																				
(H)	Particulars of person authorised to accept service of process and other documents on behalf of company																			
TIN:																				
Present Name:																				
First Name:																				
Middle Name:																				
Surname:																				

Residential Address:															
House/Building/Flat:															
* Street:															
* City:															
* District:															
* Region:															
* P.O.Box:															
* PMB/DTD:															
Mobile Number:															
E-mail Address:															

Date:

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..... Name (Local Manager) Signature										
TIN: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											

(I) Declaration

I,..... declare that the information above is correct and complete.

Date:

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Signature(Local Manager)

(J) SME Details

No. of Employees Envisaged:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Revenue Envisaged:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

For Official Use Only

Date of Submission of Document:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> dd/mm/yyyy								
Transaction ID Number Allocated:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
International Standard Industrial Classification (ISIC) Code:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Office Description:								

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

NOTES

This Form must be signed by the Local Manager and sent by post to the Registrar of Companies, P. O. Box 118, Accra, be electronically delivered or hand delivered to the Offices of the Registrar-General's Department within twenty eight days after any change in any of the particulars registered.

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 willfully 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 the 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 or columns applicable to your line of business
- (iv) Principal Activity: Indicate Principal Activity of company.
- (v) ISIC CODE: Provide right ISIC code for principal activity.

Section B:

Principal Place of Business

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

- (i) State House/Building/Flat (Name or House No. etc.) Landmark of Building in which the 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 Private Mail Bag (PMB)/Door To Door (DTD) in which the company is situated.
- (v) State the State/Province in which the company is situated.
- (vi) State the Country in which the company is incorporated.
- (vii) Zip Code: Provide zip code in country of Incorporation

Section C:

Principal Place of Business

Address of Principal Place of Business in Ghana

- (i) State 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 in Ghana
- (v) State the Region in which the company is situated.
- (vi) State the Private Mail Bag (PMB)/Door To Door (DTD) in which the company is situated.

Section D:

Postal Address in Ghana

- (i) Specifically mention the C/O against a specific person/company if applicable.
- (ii) State the Postal Type by ticking (✓) the appropriate column from provided options.
- (iii) State the complete Postal Number including Prefix and Number in which the company is situated.
- (iv) State the City in which the company is situated.
- (v) State the District in which the company is situated.
- (vi) State the Region in which the company is situated.

Section E:

Contacts in Ghana

- (i) Please 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) Please write accurately the Taxpayer Identification Number (TIN) of the Local Manager of the company.
- (ii) Please write Present First Name, Middle Name and Surname of the Local Manager of the company.
- (iii) Next provide Any Former Forename/Surname including First Name, Middle Name and surname of the Local Manager of the company.
- (iv) State the Date of Birth of the Local Manager of the company in the given format
- (v) State Nationality of local manager
- (vi) In Residential Address of the Local Manager of the company, fill in the form as follows:

- a. State the House/Building/Flat (Name or House No. etc.) LandMark of Building (LMB) in which local manager resides.
- b. State the Street in which the local manager resides.
- c. State the City in which the local manager resides.
- d. State the District in which the local manager resides.
- e. State the Region in which the local manager resides.
- f. State the Private Mail Bag (PMB)/Door To Door (DTD) in which local manager resides.
- g. State the Mobile Number and E-mail Address of the local manager
- h. State the Occupation of the local manger

Section G:

Capital Amount

- (i) Please write Nominal Capital in GHC.
- (ii) Please write the Authorised Capital in GHC.
- (iii) State 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 local manager

Section I:

Declaration

- (i) Please write Full Name of the Applicant.
- (ii) Please write the Date in the space provided according to per the format of (DD/MM/YYYY).

Section J:

SME Details

In this section you have to indicate information regarding the Total Number of Employees and Revenue Envisaged in the spaces provided for this purpose.