



**REGISTRATION OF BUSINESS NAMES ACT, 1962 (Act 151)**  
**NOTIFICATION OF CHANGE IN PARTICULARS REGISTERED BY AN**  
**INDIVIDUAL( SECTION 6)**

**FORM D**

**OFFICE OF THE REGISTRAR OF COMPANIES**

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

**A fee is payable on presentation of this form. Please see the fees on our website [www.rgd.gov.gh](http://www.rgd.gov.gh)**

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

<b>(A) The following is a statement of change (and of the date of such change) which has been made or has occurred in the particulars registered in respect of:</b>													
<i>Business Name*</i>													Name should be exact as registered, should there have been any Change of Name after registration do state the new name  The Registration Number is stated at the top left side of the Registration Certificate
<i>Registration Number*</i>													
<i>TIN</i>													
<i>Nature of Change*</i>													
<i>Date of Change*</i>	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>					
<i>General Nature of Business*</i>													
<b>(B)</b>	<b>Principal Place of Business</b>												
<i>House/Building/Flat (Name or House No. etc.)/LMB:</i>													
<i>All other places (if any) at which business is carried on:</i>													
<b>(C)</b>	<b>Particulars of Transferor</b>												
<i>TIN of Transferor:*</i>													
<i>Ghana Card (National Identity Card)*</i>	<b>GHA -</b>												
<i>Name of Transferor:</i>													
<b>(D)</b>	<b>Particulars of Transferee</b>												
<i>First name:*</i>													
<i>Middle Name .*</i>													
<i>Surname .*</i>													
<i>Any former Surname</i>													
<i>Date of Birth :*</i>													
<i>Occupation :*</i>													
<i>Nationality :*</i>													

<b>(E)</b>	<b>Residence and any other business occupation if any of Transferee</b>												
House/Building /Flat (Name or House No. etc.)/LMB:													
Street:*													
City:*													
District:*													
Region:*													
<b>(F)</b>	<b>Contact Details of Transferee</b>												
P. O. Box:*													
PMB/DTD:*													
District:*													
Region:*													
Mobile Number:*													
Fax:*													
E-mail Address:*													
Date of Commencement of Business:*													
Date of Transfer:*	D	D	M	M	Y	Y	Y	Y					
<b>Signature of applicant:</b>	.....												
Date:	D	D	M	M	Y	Y	Y	Y					
<b>Signature of Transferor and Transferee</b>													
<p>.....</p> <p>(Signature of Transferor) (Signature of Transferee)</p> <p>Date: D D M M Y Y Y Y</p>													
<p>Date: _____</p> <p><b>NAME AND SIGNATURE OF PERSON REGISTERING</b></p>													
<b>For Office Use Only</b>													
Date of Submission of Document*													
Name of Company Inspector*													
Filing Date*													
Signature*													