



**REGISTRATION OF BUSINESS NAMES ACT, 1962 (Act 151)**  
**REGISTRATION OF SUBSIDIARY BUSINESS NAME**

(Section 2)

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

<b>(A)</b>															
Subsidiary Business Name:															
Corporate Name (Parent Company):															
Registration No. of Parent Company															
TIN of Parent Company															
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>(B) Business Address Information</b>															
<b>Principal Place of Business</b>															
*House/Building/Flat (Name or House No. etc.) /LMB:															
*Street:															
*City:															



If Owner Occupied is it part rented?	Yes				No				
If Yes provide details of Landlord									
Landlords Name									
<b>(E) Postal Address</b>									
C/O									
Postal Type	P O Box			PMB			DTD		
Postal Number	Prefix	Number							
*City:									
*District:									
*Region:									
<b>(F) Contacts</b>									
Phone No. 1:									
Phone No. 2:									
Mobile No. 1:									
Mobile No. 2:									
Fax:									
E-mail Address:									
Website:									
<b>(G) SME Details</b>									
No. of Employees Envisaged:									
Revenue Envisaged:									
<b>(H) Business Operating Permit (BOP) Request</b>									
Apply for BOP Now		Apply for BOP Later		Already have a BOP*					
*Provide BOP Reference No.									

<b>(I) Declaration</b>												
Date	□	□	□	□	□	□	□	□	□	□	□	□
	d	d	/	m	m	/	y	y	y	y		
..... (Name of Person Signing, Stamp / Seal of the parent Company)						..... Signature of Director / Secretary						
TIN	□	□	□	□	□	□	□	□	□	□	□	□
<b>For Official Use Only</b>												
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 any director or secretary of the parent company and sent by post to the Registrar of Business Names, 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.

Where the company defaults in delivering to the Registrar the required statement of any change in the particulars registered within twenty eight days of the change, the company and every director of the company who is in default is liable to a fine of one hundred penalty units for each day during which 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 six months or to a fine of not more than two hundred penalty units or to both the imprisonment and the fine.

### INSTRUCTIONS TO FILL REGISTRATION OF SUBSIDIARY BUSINESS NAME FORM

#### **Section A:**

- (i) **Business Name:** State the full name of the Subsidiary Business Name
- (ii) **Corporate Name:** State the complete corporate name
- (iii) **Registration Number of Parent Company**
- (iv) **TIN of Parent Company:** write here the **accurate TIN** of the **Parent Company**
- (v) **General Nature of Business:** Please tick ( ✓ ) the appropriate column/columns applicable to your line of business
- (vi) **Principal Activity:** Out of the above classification selected by you, kindly mention your principal business activity.
- (iv) **Date of Commencement:** Write here the commencement date of the SBN in the given format of (dd/mm/yyyy). The Partnership must have commenced within 14 days before registration.
- (v) **ISIC Code:** Indicate the ISIC (International Standard Industrial Classification) Code of the principal business 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 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 C:**

### **Registered Address of SBN or Corporate Body**

- (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 Address(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 branch of business is situated.
- (ii) State the **Street** in which the branch of business is situated.
- (iii) State the **City** in which the branch of business is situated.
- (iv) State the **District** in which the branch of business situated.
- (v) State the **Region** in which the branch of business is situated.
- (vi) Indicate the Ghana **Digital Address** of the branch 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 Phone No.** is mandatory and therefore must be provided.
- (ii) **Phone No., Fax, Email and Website** of the Company are optional.

**Section G:**

**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 H:**

**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 I:**

**Declaration**

The declaration section is to be signed by the person registering the SBN

- (i) Here provide the **Date** in the specified format
- (ii) Here provide the **Name of the Person Signing** the Declaration
- (iii) **Stamp / Seal of the Parent Company** needs to be provided here
- (iv) Provide here the **Signature** of the **Director or Secretary**