



**INCORPORATED PRIVATE PARTNERSHIPS ACT, 1962 (ACT 152)**

**INCORPORATED PRIVATE PARTNERSHIPS, REGISTRATION FORM**

(Section 3)

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

<b>(A)</b>																				
Partnership Name:																				
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:																				
*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						
<b>(C) Other Place(s) of Business</b>						
*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						
<b>(D) Postal Address</b>						
C/O						
Postal Type		P O Box		PMB		DTD
Postal Number	Prefix	Number				
*City:						
*District:						
*Region:						
<b>(E) Contacts</b>						
Phone No. 1:						
Phone No. 2:						
Mobile No. 1:						

Mobile No. 2:																					
Fax:																					
E-mail Address:																					
Website:																					
<b>(F) Partner(s) Details</b> (Note: It is mandatory to have a minimum of two Partners and up to a maximum of twenty partners. In case of more than two Partners, use Supplementary Form)																					
<b>Partner 1:</b>																					
Title		Mr			Mrs			Miss			Ms							Dr			
First Name																					
Middle Name																					
Last Name																					
Gender		Male				Female															
Date of Birth	D	D	M	M	Y	Y	Y	Y													
Any Former Name																					
Nationality																					
Does the Partner Have a Tax Identification Number (TIN?)										Yes		No									
<b>Section to be filled out by Partners who have a TIN</b>																					
TIN																					
<b>Section to be filled out by Partners who do not have a TIN</b>																					
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																		
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																									
<b>Section to be filled out if Partner Does Not have a TIN and is Self-employed</b>																									
Nature of Business																									
Annual Turnover																									
No of Employees																									
<b>Business Address:</b>																									
House No.																									
Building Name																									
Street Name																									
Town / City																									
Location / Area																									
Country																									
Region																									
District																									
Ghana Digital Address																									
<b>Section to be filled out by All Partners (regardless of whether they have a TIN or not)</b>																									
Mobile Number 1:																									
Mobile Number 2:																									
Phone Number 1:																									
Phone Number 2:																									
Fax:																									
E-mail Address:																									
Preferred Contact		Mobile					Email					Letter													
<b>Residential Address</b>																									

House No.																							
Building Name																							
Street:																							
Town / City:																							
Location / Area																							
Country:																							
Region:																							
District:																							
Ghana Digital Address																							
<b>Postal Address</b>																							
Care of:																							
Postal Type			P O Box				PMB												DTD				
Postal No																							
Postal Region																							
Postal Town																							
<b>Partner 2:</b>																							
Title		Mr				Mrs				Miss				Ms					Dr				
First Name																							
Middle Name																							
Last Name																							
Gender				Male																Female			
Date of Birth		D	D	M	M	Y	Y	Y	Y														
Any Former Name																							
Nationality																							
Does the Partner Have a Tax Identification Number (TIN?)													Yes		No								
<b>Section to be filled out by Partners who have a TIN</b>																							
TIN																							
<b>Section to be filled out by Partners who do not have a TIN</b>																							
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																	
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																					
<b>Section to be filled out if Partner Does Not have a TIN and is Self-employed</b>																					
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Annual Turnover																					
No of Employees																					
<b>Business Address:</b>																					
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District																						
Ghana Digital Address																						
<b>Section to be filled out by All Partners (regardless of whether they have a TIN or not)</b>																						
Mobile Number 1:																						
Mobile Number 2:																						
Phone Number 1:																						
Phone Number 2:																						
Fax:																						
E-mail Address:																						
Preferred Contact		Mobile		Email		Letter																
<b>Residential Address</b>																						
House No.																						
Building Name																						
Street:																						
Town / City:																						
Location / Area																						
Country:																						
Region:																						
District:																						
Ghana Digital Address																						
<b>Postal Address</b>																						
Care of:																						
Postal Type		P O Box		PMB		DTD																
Postal No																						
Postal Region																						
Postal Town																						
<b>(G) Particulars of Charges on Partnership Assets</b>																						
Description of Asset:																						
Date of Creation	D	D	M	M	Y	Y	Y	Y														

Amount of the Charge																							
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**(H) SME Details**

No. of Employees Envisaged:																							
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Revenue Envisaged:																							
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**(I) Business Operating Permit (BOP) Request**

Apply for BOP Now		Apply for BOP Later		Already have a BOP*	
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*Provide BOP Reference No.																							
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**(J) Partners' Signatures**

<p>Partner 1:</p> <p>(Name) _____</p> <p>(Signature) _____</p> <p><input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Date (d d / m m / y y y y)</p>	<p>Partner 2:</p> <p>(Name) _____</p> <p>(Signature) _____</p> <p><input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Date (d d / m m / y y y y)</p>
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**(K) Declaration (for a Partner who cannot read or write)**

<p>N/B: I.....of..... (address) hereby declare that I have read over the contents of this document to the Partner in the ..... language and the Partner appeared to understand same before thumb printing.</p> <p>.....</p> <p>(Signature)</p>	<p>THUMB PRINT OF PARTNER</p>
<p><input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Date (d d / m m / y y y y)</p>	

**Declaration (for a Partner who cannot read or write)**

<p>N/B: I.....of..... (address) hereby declare that I have read over the contents of this document to the Partner in the ..... language and the Partner appeared to understand same before thumb printing.</p> <p>.....</p> <p>(Signature)</p>	<p>THUMB PRINT OF PARTNER</p>
<p><input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Date (d d / m m / y y y y)</p>	



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 Partners and sent by post, e-mail or electronically delivered to the Registrar of Partnerships. P. O. Box 118, Accra, within 28 days after any change in any of the particulars registered. If the partner(s) cannot 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 partner(s) must 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 person signing it will entail liability 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 INCORPORATION OF PARTNERSHIP FORM

##### Section A:

- (i) **Partnership Name:** State the full name of the Partnership
- (ii) **General Nature of Business:** Please tick ( √ ) the appropriate column/columns applicable to your line of business
- (iii) **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 Partnership 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 Partnership is situated.
- (ii) State the **Street** in which the Partnership is situated.
- (iii) State the **City** in which the Partnership is situated.
- (iv) State the **District** in which the Partnership is situated.
- (v) State the **Region** in which the Partnership is situated.
- (vi) Indicate the Ghana **Digital Address** of the Principal Place of Business ([www.ghanapostgps.com](http://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:

### 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 Partnership is situated.
- (ii) State the **Street** in which the Partnership is situated.
- (iii) State the **City** in which the Partnership is situated.
- (iv) State the **District** in which the Partnership is situated.
- (v) State the **Region** in which the Partnership is situated.
- (vi) Indicate the Ghana **Digital Address** of the Other Places of Business ([www.ghanapostgps.com](http://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:

#### 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 E:

#### Contacts

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

### Section F:

#### Partners Details

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

### Section G:

#### Particulars of Charges on Partnership Assets

- (i) State the Description of Asset in the provided space.
- (ii) Provide Date of Creation of the Charges in the space as per provided format of (dd/mm/yyyy).
- (iii) Mention here the Amount of charge.

**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:**

**Partners Signatures**

(i) Here provide the Signature of the partners (if literate).

**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