



THE REGISTRAR-GENERAL'S DEPARTMENT

RETURNS OF PARTICULARS OF THE COMPANY LIMITED
BY GUARANTEE RE-REGISTRATION



RE-REGISTRATION

**RETURNS OF PARTICULARS OF THE COMPANY LIMITED BY GUARANTEE
UNDER SECTION 27(1) OF THE COMPANIES ACT ON INCORPORATION**

Pursuant To Section 27(1)

INSTRUCTIONS: COMPLETE FORM WITH BLACK INK AND IN BLOCK LETTERS

PLEASE SPELL OUT ALL WORDS –NO ABBREVIATIONS

**INDICATES MANDATORY FIELD*

No. of Company -----

(A)													
*Old Registration No:													
*Old TIN:													
*Current Tax Office:													
*Old Date of Incorporation:												dd /mm / yy	
*Old Date of Commencement of Business:												dd /mm / yy	
Company Name:													
Type of Company:													
Objects for which Company is formed:													
Principal Activity:													
ISIC Code:													
(B)	Business Address Information												
Registered Office													
*House/Building/Flat (Name or House No. etc.) /LMB:													
*Street:													
*City:													
*District:													

*Region:																				
Ownership of Premises:		Rented			Owner Occupied			Free Use												
If Owner Occupied, Is Part Rented?		YES		NO		If YES', provide the landlord details														
Landlord's Name:																				

(C)

Principal Place of Business

*House/Building/Flat (Name or House No. etc.) /LMB:																				
*Street:																				
*City:																				
*District:																				
*Region:																				
Ownership of Premises:		Rented			Owner Occupied			Free Use												
If Owner Occupied, Is Part Rented?		YES		NO		If YES', provide the landlord details														
Landlord's Name:																				

(D)

Other Business Place(s)

Address:

*House/Building/Flat (Name or House No. etc.) /LMB:																				
*Street:																				
*City:																				
*District:																				
*Region:																				
PMB/DTD:																				
Ownership of Premises:		Rented			Owner Occupied			Free Use												
If Owner Occupied, Is Part Rented?		YES		NO		If YES', provide the landlord details														
Landlord's Name:																				

(E)

Postal Address of the Company

*C/O																				

<i>*Postal Type: (Tick as applicable)</i>		P. O. Box				PMB				DTD					
Postal Number:	Prefix	Number													
Town:															
City:															
Region:															
(F) Contacts of the Company															
Phone No. 1:															
Phone No. 2:															
Office Mobile No. 1:															
Mobile No. 2:															
Fax:															
Email:															
Website:															
(G) Particulars of Executive Council Members / Directors															
<i>Note: *Two Executive Council Members / Directors are Mandatory.</i>															
*Executive Council Member / Director1:															
TIN:															
Present Name:															
First Name:															
Middle Name:															
Surname:															
Age:		Years													
Any Former Forename / Surname:															
Nationality:															
Residential Address															
*House/Building/Flat (Name or House No. etc.) /LMB:															
Street:															
City:															
District:															
Region:															
Business Occupation:															

Particulars of other Directorships:																							

***Executive Council Member / Director2:**

TIN:																							
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Present Name:

First Name:																							
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Middle Name:																							
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Surname:																							
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Age:		Years																					
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Any Former Forename / Surname:																							
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Nationality:																							
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Residential Address

*House/Building/Flat (Name or House No. etc.) /LMB:																							
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Street:																							
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City:																							
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District:																							
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Region:																							
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Business Occupation:																							
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Particulars of other Directorships:																							

(H) Particulars of Secretary

Present Name:

First Name:																							
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Middle Name:																							
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Surname:																							
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Age:		Years																					
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Any Former Forename/Surname:																							
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Nationality:																							
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Residential Address															
*House/Building/Flat (Name or House No. etc.) /LMB:															
Street:															
City:															
District:															
Region:															
Business Occupation:															

IN CASE OF A CORPORATE BODY ACTING AS A SECRETARY

Corporate Name:															
Corporate Address H/No./LMB:															
P.O.Box/DTD/PMB															
Corporate stamp:															
Corporate TIN:															
Name of Person Representing the Corporate:															
Signature: (Corporate Representative	<p align="center">-----</p>														

(I) Particulars of Auditor of the Company

Auditor's Firm Name:															
Auditor's Firm Address: P. O. Box/PMB/DTD															
*House/Building/Flat (Name or House No.) LMB:															

(K)

Declaration (for persons who cannot read/write)

(Full name of Applicant)

Declare that the information given above
is correct and complete.

Signature

Date: / /
d d / m m / y y y y

*N/B : Iof(address) hereby
declare that I have read over the contents of this document to the applicant in the
.....language and he/she appeared to understand same before thumb printing*

RIGHT
THUMB
PRINT

(Signature)

Date: / /
d d / m m / y y y y

(L)

Amount Guaranteed

Amount Guaranteed:

(M)

SME Details

No. Of Employees Envisaged:

Revenue Envisaged:

For Office Use Only

Document Registration Date: (dd/mm/yyyy)

Registration Number Allocated:

ISIC Code:

Office Description:

(For instructions as to signing etc., see **Notes** under)

NOTES

This Form must be signed by Director/Secretary and sent by post, e-mail or electronically delivered to the Registrar of Companies, P. O. Box 118, Accra, within 28 days after any change in any of the particulars registered. If the person registering 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 the respect of the place of business, the member have 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 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.

COMPANY REGULATIONS

The Company is required to deliver its proposed Regulations to the Registrar for incorporation.

Alternatively, the company may accept the attached standard form Regulations, either in whole or in part and return the signed copy to the Registrar, along with this form for Incorporation.

INSTRUCTIONS TO FILL IN REGISTRATION FORM OF COMPANY LIMITED BY GUARANTEE

Section A:

- (I) **Company Name:** Here state the full name of the company
- (II) **Type of Company:** State whether it is an Association, Organisation Foundation Club or Societies
- (III) **General Nature of Business:** please tick (?) the appropriate column/columns applicable to your line of business
- (IV) **Principal Activity:** Out of the above classification selected by you, kindly mention your principal business activity/object for which this company is being Registered..
- (V) Guarantee companies do not file financial profit/loss statements
- (VI) **ISIC Code**

Section B:

Registered Office Address

- (I) Here state **House/Building/Flat (Name or House No. etc.) Landmark of Building (LMB)** in which business is situated.
- (ii) State the **Street** in which company is situated.
- (iii) State **City** in which company is situated.
- (iv) State **District** in which Company is situated.
- (v) State **Region** in which company is stated.
- (vi) Please tick (?) the appropriate column for options against **Ownership of Premises**.
- (vii) Please tick (?) the appropriate column against **If Owner Occupied, Is Part Rented** options.
- (viii) Here state **Landlord's Name** in Full.

Section C:

Principal Place of Business

- (I) Here state **House/Building/Flat (Name or House No. etc.) Landmark of Building (LMB)** in which business is situated.
- (ii) State the **Street** in which company is situated.
- (iii) State **City** in which company is situated.
- (iv) State **District** in which Company is situated.
- (v) State **Region** in which company is stated.
- (vi) Please tick (?) the appropriate column for options against **Ownership of Premises**.
- (vii) Please tick (?) the appropriate column against **If Owner Occupied, Is Part Rented** options.
- (viii) Here state **Landlord's Name** in Full.

Section D:

Other Business Places

Each of the two addresses of this section should be filled in under following guidelines:

- (I) Here state **House/Building/Flat (Name or House No. etc.) LMB** where branch of this company is situated.
- (ii) State the **Street** where branch of company is situated.
- (iii) State **City** where branch of company is situated.
- (iv) State **District** where branch of the company is situated.
- (v) State **Region** where branch of the company is situated.
- (vi) State **PMB/DTD** where branch of the company is situated.

- (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** options.
- (ix) Here state **Landlord's Name** in Full.

Section E:

Postal Address

- (i) Here 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 in which the company is situated.
- (iv) State the **Town** in which company is situated.
- (v) State **Location/Area** in which company is situated.
- (vi) State the **Region** in which the company is situated.

Section F:

Contacts

- (i) **Office Mobile No. 1** and **Phone No. 1** of the company office are mandatory.
- (ii) **Phone No. 2, Mobile No. 2, Fax, Email** and **Website** of the company are optional and you may or may not provide.

Section G:

Particulars of Executive Council Members/Directors

- A Corporate Body cannot be a Director of a Company
Minimum of 2 Directors, one must at all times be resident in Ghana
- (i) Provide here accurate **Taxpayer Identification Number (TIN)** of the Executive Council Member/Director of the Company.
 - (ii) Please provide **First Name, Middle Name** and **SurName** of the of the Executive Council Member/Director of the Company.
 - (iii) State here the **Age** of the Executive Council Member/Director of the Company in the provided format.
 - (iv) Provide any **Former Forename/Surname**
 - (v) Here state the **Nationality** of the Executive Council Member/Director of the Company. If the Executive Council Member/Director has changed his/her nationality through naturalization, etc., please state the nationality at birth.
 - (vi) Here state the **Occupation** of the Executive Council Member/Director of the Company.
 - (vii) Write here the **Residential Address** of the Executive Council Member/Director of the Company.
 - (viii) Write particulars of other Directorships: Particulars of other Companies one is a Director in

Section H:

Particulars of Secretary of the Company

- Secretary must at all times be resident in Ghana and also a corporate body can be a Secretary
- (i) Here provide the accurate **Taxpayer Identification Number (TIN)** of the Secretary of the Company

- (ii) Next provide **First Name, Middle Name** and **Sur Name** of the Secretary of the Company.
- (iii) State here the **Age** of the Secretary of the Company in the provided format.
- (iv) Provide any Former Forename/Surname
- (v) Provide Nationality and Occupation of the secretary.
- (vi) Write here the **Residential Address** of the Secretary of the Company.

Section I:

Particulars of Auditor of the Company

- (i) Here provide the accurate **Taxpayer identification Number (TIN)** of the Auditor of the Company (if any).
- (ii) Next provide the **Auditor's Firm Name** in the provided space.
- (iii) Write here the **Auditor's Firm Address**.
- (iv) Provide Mobile Number/Office Telephone Number
- (v) Attach Auditor's consent letter and their TIN.

Section J:

Members of Executive Council/Directors' & Secretary Signatures

- (i) Here provide the Signature/Electronic Signature of the two Directors plus one Secretary.

Section K:

Declaration

- (i) Please write **Full Name of the Applicant**.
- (ii) Please endorse **Signatures** (literate person) or **Thumb Print** of an illiterate person in the presence of a Revenue Officer
- (iii) State **Date** in the provided space as per provided format of (DD/MM/YYYY).

Section L:

Amount Guaranteed

- (i) In this section please provide the **Amount Guaranteed** for the company. This minimum amount in the Act is a GH¢ 100.00.

Section M:

SME Details

- (i) This section is optional; however, if you fill it in, provide **Total Number of Employees** and **Revenue Envisaged** in the provided spaces of your business.