



THE REGISTRAR-GENERAL'S DEPARTMENT
THE COMPANIES ACT 1963 (ACT 179)

**RETURNS OF PARTICULARS OF THE COMPANY LIMITED BY SHARES
RE-REGISTRATION FORM**



THE REGISTRAR-GENERAL'S DEPARTMENT
THE COMPANIES ACT 1963 (ACT 179)
RE-REGISTRATION FORM
RETURNS OF PARTICULARS OF THE COMPANY LIMITED BY SHARES
UNDER SECTION 27(1) OF THE COMPANIES ACT ON INCORPORATION

FORM 3

INSTRUCTIONS: COMPLETE FORM WITH BLACK INK AND IN BLOCK LETTERS

<i>PLEASE SPELL OUT ALL WORDS –NO ABBREVIATIONS</i> <i>*INDICATES MANDATORY FIELD</i>																			
(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:																			
*Presented by:																			
To the Registrar of Companies																			
General Nature of Business (ISIC) Classification:	Mining/Oil and Gas										Manufacturing								
	Finance/Insurance/Real Estate										Commerce								
	Service										Construction/Civil Engineering								
	Farming/Fisheries										Transportation								
	Health/Pharmacy										Others								
	Information Communication Technology (ICT)																		
Principal Activity:																			
Financial Year End:																Day:			
ISIC Code:																			
(B) Registered Address																			
*House/Building/Flat (Name or House No. etc.) /LMB:																			
*Street:																			
*City:																			
*District:																			

Residential Address															
*House/Building/Flat (Name or House No. etc.) /LMB:															
Street:															
City:															
District:															
Region:															
Business Occupation:															
IN CASE 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 :															
TIN of Representative:															
*Signature (Corporate Representative)	-----														
Particulars of Auditor's of the Company															
TIN :															
Auditor's Firm Name:															
Auditor's Firm Address:															
P. O. BOX:															
PMB/DTD:															
*House/Building/Flat (Name or House No. etc.) /LMB:															

NOTES

This Form must be signed by the Directors and Secretary and sent by post , email 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 any of the director(s) and secretary cannot sign, his or her mark must be affixed 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, one has 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 GHC10.00 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 GHC500.00 or to both such imprisonment and fine.

INSTRUCTIONS TO FILL IN RE-REGISTRATION OF COMPANY LIMITED BY SHARES FORM

Section A:

- (i) **Old Registration No.:** Provide here accurate Old Registration Number
- (ii) **Old TIN :** Provide here accurate Old Tax Identification Number.
- (iii) **Current Tax Office:** Provide here the location of the tax office the Company is registered with (list available)
- (iv) **Old Date of Incorporation:** Old Date of Incorporation
- (v) **Old Date of Commencement of Business:** Old Date of Commencement of Business
- (vi) **Company Name:** Here state the full name of the company (Name must end with Limited)
- (vii) **Presented by :** State whether it's a Director / Secretary
- (viii) **General Nature of Business:** please tick (?) the appropriate column/columns applicable to your line of business
- (ix) **Principal Activity:** Out of the above classification selected by you, kindly mention your principal business activity here.
- (x) **State Financial Year End** which could differ from each company
- (xi) **ISIC :** Fill in appropriate code relating to the Principal Business Activity

Section B:

Registered Address

- (i) Here state **House/Building/Flat (Name or House No. etc.) Landmark of Building (LMB)** in which Company 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.

Section C:

Principal Place of Business

- (i) Here state **House/Building/Flat (Name or House No. etc.) Landmark Building (LMB)** in which company 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.

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 the Company is situated.
- (ii) State the **Street** where branch of the Company is situated.
- (iii) State **City** where branch of the Company is situated.
- (iv) State **PMB/DTD** where branch of the Company is situated.
- (v) State **District** where branch of the Company is situated.
- (vi) State **Region** where branch of Company is situated.

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 **City** in which the Company is situated.
- (v) State the **District** in which the Company is situated.
- (vi) State **Region** in which the Company is situated.

Section F:

Contacts

- (i) **Office Mobile No. 1** and **Phone No. 1** of the company are mandatory and therefore must be provided..
- (ii) **Phone No. 2, Mobile No. 2, Fax, Email** and **Website** of the Company are optional and you may or may not provide information on them.

Section G:

Particulars of Directors of the Company

Minimum of Two (2) Directors, One must at all times be resident in Ghana. *(Each Director of the Company must provide all the details as mentioned below. In case of more than 2 Directors, additional sheet may be used to provide details of the remaining director/s of the Company. Each Director must endorse his/her signature in the space provided for this purpose.)* **A corporate body cannot be a director**

- (i) Pl. provide the accurate **Taxpayer Identification Number (TIN)** of the Director of the Company.
- (ii) Pl. provide **First Name, Middle Name** and **Surname** of the Director of the Company.
- (iii) State here the **Date of Birth/ Age/ Years** of the Director in the given format of (dd /mm/ yy).
- (iv) Pl. provide **any Former /Forename** of the Director of the Company.
- (v) Here state the **Nationality** of the Director of the Company. If the Director has changed his/her
- (vi) Write here the **Residential Address** of the Company Director. nationality through naturalization, etc., state the nationality at birth.
- (vii) Write here the **Occupation** of the Company Director.
- (viii) Provide here the **particulars of other Directorships** i.e. Names of other Companies one is a Director of.

Section H:

Particulars of Secretary of the Company

The Secretary must at all times be resident in Ghana

- (I) Here provide the accurate **Taxpayer Identification Number (TIN)** of the Secretary of the Company.
- (ii) Pl. provides **First Name, Middle Name** and **Surname** of the Secretary of the Company.
- (iii) State here the **Age** of the Secretary in the given format of (dd /mm / yy).
- (iv) Pl. provide **any Former /Forename** of the Director of the Company.
- (v) State Nationality of Secretary of the Company.
- (vi) Write here the Residential Address of the Secretary of the Company
- (vii) Write here the Occupation of the Secretary of the Company.
- (viii) If the secretary is a Corporate Body complete the information for a Corporate Body.

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) Write here the **Auditor's Firm Address** of the Company, P.O. Box / PMB / DTD / H.NO
- (iii) Provide Mobile/Office Telephone Number of Firm
- (iv) Pl. provide the **Auditor's Firm Name** in the provided space.

Section J:

Capital Details

- (i) Mention here the **Currency of Capital** by ticking (?) the relevant column.
- (ii) Mention here the Total amount of **Authorized Shares**.
- (iii) State here clearly the Total **Amount of Stated Capital**.

Section K:

Company Shares (if any)

- (i) Pl. mentions all the relevant details for all three types of shares including **Ordinary shares, Preference Shares**.

Section L:

Directors' Signatures

- (i) Here provide the **Signature/Electronic Signature** of the two directors.

Section M:

Secretary's Signature

- (i) Here provide the **Signature** of the Secretary of the Company.

Section N:

SME Details

- (i) This section is optional; however, if you may fill in, information regarding **Total Number of Employees** and **Revenue Envisaged** in the provided spaces of the company.