

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

INSTRUCTIONS: COMPLETE FORM WITH BLACK INK AND IN BLOCK LETTERS

PLEASE SPELL OUT ALL WORDS –NO ABBREVIATIONS *INDICATES MANDATORY FIELD																								
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*Old TIN:																								
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To the Registrar of Companies																								
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(L)					Dire	ecto	ors'	Sigr	natu	ire								
Director 1:								Dir	ecto	r 2:								
*(Name <u>)</u>								*(Na	ame]	)					 	 		
*(Signature)	*(Name)																	

(M)		,	Secr	eta	ry's	Sig	nat	ure						
NOTE Please attach the following documents:  (I) Copies of Certificate of Incorporation and Certificate to commence Business.  (ii) Copies of Form 3, Form 4 and Regulations (if any)  (iii) Evidence of up to date renewal receipts/ Annual Return Forms of the Company  (iv) Copies of Certified true copy Forms of all current changes made in the company confirming the current officers and shareholders of the Company. For example Form 17, Special Resolution etc														
(Name)(Signature)														
(N) SME Details														
No. Of Employees Envisaged:														
Revenue Envisaged:														
		•	For	Of	fice	Use	Or	nly						
Document Registration Date:										dd/	mm	уууу		
Registration Number Allocated:														
Office Description:														

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

#### **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.
- (viiii) 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.