



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

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



**RETURNS OF PARTICULARS OF THE COMPANY LIMITED BY SHARES
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)															
Name of Company															
Presented by															
To the Registrar of Companies	P. O. Box 118, Accra														
General Nature of Business (ISIC) Classification:	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:															
ISIC Code															
(B) Business Address Information															
Registered Office Address															
*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)																			
*House/Building/Flat (Name or House No. etc.) /LMB:																			
Street:																			
City:																			
District:																			
Region:																			
P. O. BOX:																			
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:																			
Postal Type, (Tick as applicable):	P. O. BOX				PMB				DTD										
Postal Number:	Prefix	Number																	
City:																			
District:																			
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 Directors of the Company

Director 1:																			
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:																			

(Note: In case of more than 2 Directors, please use Supplementary Form)

Director 2:																			
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:																	

(H) Particulars of Secretary of the Company

TIN:																	
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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:																	

District:																				
Region:																				
Auditor's Firm Mobile No.:																				
Auditor's officeNo.:																				
Auditor's TIN:																				

(J) Capital Details

Authorised Shares:	GH¢																			
Stated Capital:	GH¢																			

(K) Company Shares (if any)

Number of Authorised Shares of Each Class:

Ordinary Shares:																				
Preference Shares:																				

Number of Issued Shares of Each Class:

Ordinary Shares:																				
Preference Shares:																				

Amount Paid In Cash of Each Class:

Ordinary Shares:	GH¢																			
Preference Shares:																				

Amount Paid Otherwise than in Cash of Each Class:

Ordinary Shares:	GH¢																			
Preference Shares:																				

Amount Remaining to be Paid on Each Class:

Ordinary Share (Unpaid):	GH¢																			
Ordinary Shares (Due):	GH¢																			
Preference Shares (Unpaid):	GH¢																			
Preference Shares (Due):	GH¢																			

(L)

Address at which register of members is kept and maintained (if elsewhere than at the registered office)

(M) Directors' Signature	
Director 1: (Name)..... (Signature)	Director 2: (Name)..... (Signature)

(N) Secretary's Signature
(Name)..... (Signature)

(O) SME Details											
No. Of Employees Envisaged:											
Revenue Envisaged:											
For Office Use Only											
Document Registration Date:											
Registration Number Allocated:											
ISIC Code:											
Office Description:										

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

NOTES

This Form must be signed by any two Directors/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), 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.

COMPANY REGULATIONS

The Company is required to deliver its proposed Regulations to the Registrar of Companies 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 FORM 3 FORM

Section A:

- (I) **Company Name:** Here state the full name of the company (Name must end with Limited)
- (II) **Presented by :** State whether it's a Director/ Secretary
- (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 here.
- (V) **ISIC :** Fill in appropriate ISIC relating to 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.
- (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 the **Landlord's Name in Full**.

Section C:

Principal Place of Business

- (x) Here state **House/Building/Flat (Name or House No. etc.) Landmark Building (LMB)** in which company is situated.
- (xi) State the **Street** in which Company is situated.
- (xii) State **City** in which Company is situated.
- (xiii) State **District** in which Company is situated.
- (xiv) State **Region** in which Company is stated.
- (xv) Please tick (?) the appropriate column for options against **Ownership of Premises**.
- (xvi) Please tick (?) the appropriate column against **If Owner Occupied, Is Part Rented** options.
- (xviii) Here state the **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 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 **District** where branch of the Company is situated
- (v) State **PMB/DTD** where branch of the Company is situated.
- (v) .

- (vi) State **Region** where branch of the Company is situated.
- (vii) State **P.O.BOX / PMB / DTD ADDRESS**
- (viii) Please tick (?) the appropriate column for options against **Ownership of Premises**.
- (ix) Please tick (?) the appropriate column against **If Owner Occupied, Is Part Rented** options.
- (x) Here state the **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 **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 5 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. provides **First Name, Middle Name** and **Sur Name** of the Director of the Company.
- (iii) State here the **Age** of the Director of the Company in the provided format of (yy).
- (iv) State any Former Name
- (v) Here state the **Nationality** of the Director of the Company. If the Director has changed his/her nationality through naturalization, etc., state the nationality at birth.
- (vi) Write here the **Residential Address** of the Company Director. Business Occupation
- (vii) In **Particulars of directorship of other Companies** sub section, pl. clearly write the full **Company Name** and **Company Address** whose directorship is being held by the director.

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 owner of the Secretary of the

Company.

- (iii) State here the **Age** of the Secretary of the Company in the provided format of (yy).
- (iv) State any Former First Name, Middle Name and Surname
- (v) State **Nationality** of secretary.
- (vi) Residential Address
- (vii) Business Occupation

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) Pl. provide the **Auditor's Firm Name** in the provided space.
- (iii) Write here the **Auditor's Firm Address** of the Company (P.O. Box/PMB/DTD/House No, Building, Landmark)
- (iv) Provide Mobile/Office Telephone Number of Firm
- (v) Attach Auditor's letter of consent and their TIN.

Section J:

Capital Details

- (i) Mention here the total amount of **Authorized Shares**.
- (ii) State here clearly the **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, or Preferences Shares**

Section M:

Directors' Signatures

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

Section N:

Secretary's Signatures

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

Section O:

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.