



THE REGISTRAR-GENERAL'S DEPARTMENT
REGISTRATION OF BUSINESS NAME ACT, 1962 (151)

RE-REGISTRATION OF BUSINESS NAME - SOLE PROPRIETORSHIP



BUSINESS NAME RE-REGISTRATION- SOLE PROPRIETORSHIP

INSTRUCTIONS: COMPLETE FORM WITH BLACK INK AND IN BLOCK LETTERS

PLEASE SPELL OUT ALL WORDS –NO ABBREVIATIONS

*INDICATES MANDATORY FIELD

(A)																									
Old Registration No:																									
Old TIN:																									
*Current Tax Office:																									
*Old Start Date:																									
*Old Date of Registration:																									
*Business Name:																									
*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:																									
Old Date of Commencement:																									
ISIC Code:																									
(B) Business Address Information																									
Principal Place of Business																									
*House/Building/Flat (Name or House No. etc.) /LMB:																									
*Street:																									
*City:																									
*District:																									

*Region:																		
(C) Sole Proprietor/Proprietress																		
*TIN																		
*First Name:																		
Middle Name:																		
*Surname:																		
Any Former Forename/Surname:																		
Date of Birth:																		
Occupation:																		
Nationality:																		
Gender: <i>(please tick appropriate box)</i>		Male		Female:		Marital Status:		Married		Unmarried								
(D) Residential Address of Sole Proprietor/Proprietress																		
*House/Building/Flat (Name or House No. etc.) /LMB:																		
*Street:																		
*City:																		
*District:																		
*Region:																		
(E) Other Business Place(s)																		
Address:																		
*House/Building/Flat (Name or House No. etc.) /LMB:																		
*Street:																		
*City:																		
*P. O. Box:																		
PMB/DTD																		
*District:																		
*Region:																		

(F) Postal Address																																	
*C/O																																	
*Postal Type: (Ticket as applicable)			P. O. Box					PMB							DTD																		
*Postal Number:	Prefix					Number																											
*Town:																																	
*City:																																	
*Region:																																	
(G) Contact																																	
Phone No:																																	
*Mobile No:																																	
Fax:																																	
Email:																																	
Web site:																																	
(H) SME Details																																	
No. of Employees Envisaged:																																	
Revenue Envisaged:																																	
(I) Declaration																																	
I,..... <i>(Full name of Applicant)</i>														Declare that the information given above is correct and complete.																			
..... Signature														Date <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> d d / m m / y y y y																			
NOTE Please attach the following documents: <i>(i) Copy of Certificate of Registration.</i> <i>(ii) Copies of Form A</i> <i>(iii) Evidence of up to date renewal receipts/forms (if any)</i>																																	
(J) PLEASE FILL WHERE APPLICANT CANNOT READ OR WRITE																																	
N/B: I..... of..... (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.																					THUMB PRINT												
..... (signature)									 Date (dd/mm/yyyy)																							

For Official Use Only

Document Registration Date:											(dd/mm/yyyy)
Registration No. Allotted:											
Office Description:										

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

NOTES

This Form must be signed by the Applicant and sent by post, e-mail or electronically delivered to the Registrar of Business Names, P. O. Box 118, Accra, within 28 days after any change in any of the particulars registered. If the applicant cannot read/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 applicant 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 GHC 10.00 for every day during which the default continues and any statement which contains any false information signed by any applicant knowingly will entail liability and 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 IN SOLE PROPRIETORSHIP FORM

Section A:

- (I) **Old Registration Number:** Provide here accurate Old Registration Number
- (II) **Old TIN:** Provide accurate Old Tax Identification Number
- (III) **Current Tax office:** Provide here the location of the Tax Office the Business is registered with (list available)
- (IV) **Old Start Date:** Old Start Date should be a minimum of 14 days before date of Registration
- (V) **Old Date of registration:** Old Date of Registration
- (VI) **Business Name:** Here state the full name of the business (Name cannot imply ownership of more than 2 people for eg. &, and etc)
- (Vii) **General Nature of Business:** please tick (?) the appropriate column/columns applicable to your line of business
- (Viii) **Principal Activity:** Out of the above classification selected by you, kindly mention your principal business activity here.
- (ix) **Old Date of Commencement:** Write here the old commencements date of your business in the given format (dd/mm/yyyy). The business must have commenced within 14 days before registration.
- (Vii) **ISIC CODE:** State applicable ISIC Code for partnerships principal activity

Section B:

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 business is situated.
- (iii) State **City** in which business is situated.
- (iv) State **District** in which business is situated.
- (v) State **Region** in which business is stated.

Section C:

Owner Information (Sole Proprietor)

- (i) Provide here accurate **Taxpayer identification Number (TIN)** of the Owner.
- (ii) Please provide **First Name, Middle Name and Surname** of the Owner.
- (iii) State here the **Date of Birth** of the Owner in the given format of (dd/mm/yy).
- (iv) State here the **Occupation** of the Owner

Section D:

Residential Address of Person Registering

- (I) Here state **House/Building/Flat (Name or House No. etc.) LandMark of Building (LMB)** in which the applicant is residing.
- (ii) State the **Street** in which the applicant is residing.
- (iii) State **City** in which the applicant is residing.
- (iv) State **Private Mail Bag (PMB)/Door To Door (DTD)** in which the applicant is residing.
- (v) State **District** in which the applicant is residing.
- (vi) State **Region** in which the applicant is residing.

Section E:

Other Business Places

Each of the three 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 your

business is situated.

- (ii) State the **Street** where branch of business is situated.
- (iii) State **City** where branch of business is situated.
- (iv) State **Private Mail Bag (PMB)/Door To Door(DTD)** where branch of business is situated.
- (v) State **District** where branch of business is situated.
- (vi) State **Region** where branch of business is situated.

Section F:

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

Section G:

Contacts

- (i) One **Mobile Number** of the is mandatory.
- (ii) **Phone No., Fax, Email** and **Website** are optional and you may or may not provide them here.

Section H:

SME Details

This section is optional .if you fill it in then pl. provide **Total Number of Employees** and **Revenue Envisaged** in the provided spaces of your business.

Section I:

Declaration

- (i) Here provide the **Full Name** of the **Applicant**.
- (ii) Provide **Signature** and **date** of the **Applicant**.

Section J:

WHERE APPLICANT CANNOT READ OR WRITE

- (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