



THE REGISTRAR-GENERAL'S DEPARTMENT  
SUBSIDIARY BUSINESS NAME ACT, 1963 (Act 179)

RE-REGISTRATION OF SUBSIDIARY BUSINESS NAME (SBN)



THE REGISTRAR-GENERAL'S DEPARTMENT  
**RE-REGISTRATION OF A SUBSIDIARY BUSINESS NAME  
 UNDER THE BUSINESS NAME ACT, 1962 (ACT 151)**

**FORM C**

**INSTRUCTIONS: COMPLETE FORM WITH BLACK INK AND IN BLOCK LETTERS**  
 PLEASE SPELL OUT ALL WORDS –NO ABBREVIATIONS  
 \*INDICATES MANDATORY FIELD

Registration No. -----

<b>(A)</b>												
Old Registration No:												
Old TIN:												
Current Tax Office:												
Old Start Date:	dd/mm/yyyy											
Old Date of Registration	dd/mm/yyyy											
Subsidiary Business Name:												
*Corporate Name: (Parent Company)												
*New Tin:(Parent Company)												
*New Registration No: (Parent Company)												
*General Nature of Business (ISIC Classification):	Mining and Gas				Manufacturing							
	Finance/Insurance/Real Estates				Commerce							
	Services				Construction/Civil Engineering							
	Farming/Fisheries				Transportation							
	Health/Pharmacy				Others							
	Information Communication Technology (ICT)											
*Principal Activity:												
Old Date of Commencement	dd/mm/yyyy											
ISIC Code:												
<b>(B) Business Address Information</b>												
<b>Principal Place of Business</b>												
*House/Building/Flat (Name or House No etc.)/LMB:												
*Street:												

* City:																			
*District:																			
*Region:																			
P.O.Box/ PMB/DTD																			
<b>( C ) Registered Address of SBN or Corporate Body</b>																			
*House/Building/Flat (Name or House No etc.)/LMB:																			
*Street:																			
*City:																			
*District:																			
*Region:																			
<b>(D) Other Business Place(s)</b>																			
<b>Address1:</b>																			
*House/Building/Flat (Name or House No etc.)/LMB:																			
*Street:																			
*City:																			
*District:																			
*Region:																			
*P.O.Box:																			
*PMB/DTD:																			
<b>(E) Postal Address</b>																			
* C/O:																			
*Postal Type: (Tick as applicable)			P.O.Box				PMB				DTD								

* Postal Number:	Prefix		Number																																									
* Town:																																												
* City:																																												
* Region:																																												
<b>(F) Contacts</b>																																												
Phone No.																																												
Mobile No:																																												
Fax:																																												
Email:																																												
Website:																																												
<b>(G) SME Details</b>																																												
No. Of Employees Envisaged:																																												
Revenue Envisaged:																																												
<b>(H) Declaration</b>																																												
Date: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>  ..... (Name of Person Signing,      Stamp / Seal of the parent Company    *(Signature of Director/Secretary)																																			d	d	/	m	m	/	y	y	y	y
d	d	/	m	m	/	y	y	y	y																																			
<b>NOTE Please attach the following documents:</b>																																												
<b>(i) Copy of Certificate of Registration.</b>																																												
<b>(ii) Copy of Form C</b>																																												
<b>(iii) Evidence of up to date renewal receipts/forms (if any)</b>																																												
<b>For Official Use Only</b>																																												
Document Registration Date:																																												
Registration No. Allotted:																																												
Office Description:	.....																																											

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

## **NOTES**

This Form must be signed by any Director/Secretary of the Parent Company 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.

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 GH¢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 Gh¢ 500.00 or to both such imprisonment and fine.

## INSTRUCTIONS TO FILL IN RE-REGISTRATION OF SUBSIDIARY BUSINESS NAME 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 of the Parent Company registered with (list available)
- (iv) **Old Start Date:** Old Start Date of SBN
- (v) **Old Date of Registration:** Old Date of Registration of SBN
- (vi) **Subsidiary Business Name:** Here state the full name of the Subsidiary Business Name.
- (vii) **Corporate Name:** write here complete corporate name of the Parent Company.
- (viii) **New TIN:** write here carefully the accurate New TIN of Parent Company.
- (ix) **Registration Number:** provide here carefully the accurate New Registration No. Parent Company
- (x) **General Nature of Business:** please tick ( ? ) the appropriate column/columns applicable to your line of business
- (xi) **Principal Activity:** Out of the above classification selected by you, kindly mention your principal business activity here.
- (xii) **Old Date of Commencement:** Write here the old commencement date of the SBN in the given format of (dd/mm/yyyy). The SBN must have commenced within 14 days before registration.
- (xiii) **ISIC Code:** Write correct ISIC code for 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:

#### 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 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 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.) LandMark of Building (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 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 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 F:**

**Contacts**

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

**Section G:**

**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 business.

**Section H:**

**Declaration**

The declaration section is to be signed by the person registering the SBN.

- (i) Here provide the **Date** in the specified format.
- (ii) Provide here **Name of the Person Signing** the Declaration.
- (iii) **Stamp/Seal of the Parent Company** needs to be provided here.
- (iv) Provide here the **Signature of Director or Secretary**.