



THE REGISTRAR-GENERAL'S DEPARTMENT
SUBSIDIARY BUSINESS NAMES ACT, 1962 (Act 151)

REGISTRATION OF SUBSIDIARY BUSINESS NAME (SBN)



THE REGISTRAR-GENERAL'S DEPARTMENT
**REGISTRATION OF A SUBSIDIARY BUSINESS NAME
 UNDER THE BUSINESS NAMES 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. -----

Subsidiary Business Name:																				
Corporate Name (Parent Company)																				
Registration No of Parent Company:																				
TIN of Parent Company:																				
*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:																				
Date of Commencement											dd /mm /yyyy									
ISIC Code:																				
(B) Business Address Information																				
Principal Place of Business																				
*House/Building/Flat (Name or House No etc.)/LMB:																				
*Street:																				
*City:																				
*District:																				
*Region:																				

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

(F) Contacts																						
Phone No.:																						
Mobile No.:																						
Fax:																						
Email:																						
Website:																						
(G) SME Details																						
No. of Employees Envisaged:																						
Revenue Envisaged:																						
(H) Declaration																						
<p>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> </tr> </table> d d / m m / y y y y</p> <p>.....</p> <p>(Name of Person Signing, Stamp / Seal of the parent Company (Signature of Director/Secretary))</p>																						
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 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 REGISTRATION OF SUBSIDIARY BUSINESS NAME FORM

Section A:

- (i) **Business Name:** Here state the full name of the Subsidiary Business Name.
- (ii) **Corporate Name:** write here complete corporate name.
- (iii) **Registration Number of Parent Company**
- (iv) **TIN of Parent Company:** write here carefully the accurate Tin of parent company.
- (v) **General Nature of Business:** please tick (?) the appropriate column/columns applicable to your line of business
- (vi) **Principal Activity:** Out of the above classification selected by you, kindly mention your principal business activity here.
- (vii) **Date of Commencement:** Write here the commencement date of the SBN in the given format of (dd/mm/yyyy). The SBN must have commenced within 14 days before registration.
- (viii) **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.
- (vi) P.O.Box / PMB / DTD - of Principal Place of Business

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.
- (vi) P.O.Box / PMB / DTD - if different from above please state it

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 **District** where branch of business is situated.
- (v) State **Region** where branch of business is situated.
- (vi) State **Private Mail Bag (PMB)/Door To Door (DTD)** 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 **Town** in which business is situated.
- (v) State the **City** in which business is situated.
- (vi) State **Region** 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

- (l) 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**.