



THE COMPANIES ACT 1963 (ACT 179)

**RETURNS OF PARTICULARS OF A COMPANY LIMITED BY GUARANTEE UNDER
SECTIONS 27(1) AND 335A (1) (C) OF THE COMPANIES ACT, 1963 (ACT 179) ON INCORPORATION**
(Sections 27(1) and 335 A(1)(C))

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

(A)																			
Name of Company:																			
Type of Company																			
Presented by:																			
Objects for which Company is formed:																			
Principal Activity:																			
ISIC Code																			
(B) Business Address Information																			
Registered Office Address																			
*House/Building/Flat (Name or House No. etc.) /LMB:																			
*Street:																			
*City:																			
*District:																			
*Region:																			
*Digital Address:																			

Ownership of Premises		Rented		Owner Occupied		Free Use
If Owner Occupied is it part rented?		Yes		No		
If Yes provide details of Landlord						
Landlords Name						
(C) Principal Place of Business						
*House/Building/Flat (Name or House No. etc.) /LMB:						
*Street:						
*City:						
*District:						
*Region:						
*Digital Address:						
Ownership of Premises		Rented		Owner Occupied		Free Use
If Owner Occupied is it part rented?		Yes		No		
If Yes provide details of Landlord						
Landlords Name						
(D) Other Place(s) of Business						
*House/Building/Flat (Name or House No. etc.) /LMB:						
*Street:						
*City:						
*District:						
*Region:						
*Digital Address:						
Ownership of Premises		Rented		Owner Occupied		Free Use
If Owner Occupied is it part rented?		Yes		No		
If Yes provide details of Landlord						

Landlords Name																						
(E) Postal Address of Company																						
C/O																						
Postal Type		P O Box				PMB				DTD												
Postal Number		Prefix		Number																		
*City:																						
*District:																						
*Region:																						
(F) Contacts of the Company																						
Phone No. 1:																						
Phone No. 2:																						
Mobile No. 1:																						
Mobile No. 2:																						
Fax:																						
E-mail Address:																						
Website:																						
(G) Particulars of Executive Council Members or Directors																						
(Note: *Two Executive Council Members or Directors are Mandatory. In case of more than two Executive Council Members or Directors please use supplementary form.)																						
Executive Council Member or Director 1:																						
Title		Mr				Mrs				Miss				Ms				Dr				
First Name																						
Middle Name																						
Last Name																						
Gender		Male						Female														
Date of Birth		D	D	M	M	Y	Y	Y	Y													
Any Former Name																						
Nationality																						
Does the Director Have a Tax Identification Number (TIN?)										Yes		No										
Section to be filled out by Executive Council Members or Directors who have a TIN																						

TIN																				
Section to be filled out by Executive Council Member or Directors who do not have a TIN																				
Type of Identification Used					Voters Card						National ID						Driver's License			
Date of Issue	D	D	M	M	Y	Y	Y	Y												
Date of Expiry	D	D	M	M	Y	Y	Y	Y												
Country of Issue																				
Place of Issue																				
ID Number																				
Mothers Maiden Last Name																				
Mothers Maiden First Name																				
Marital Status	Single				Married				Divorced											
	Separated				Widowed				Widower											
Town of Birth																				
Country of Birth																				
Region of Birth																				
District of Birth																				
Resident	Yes				No															
Other Information	Importer				Exporter				Tax Consultant				Not Applicable							
Current Tax Office																				
Old TIN																				
Employment Type	Self Employed				Employee				Employee of a Foreign Mission											
	Other (Specify)																			
Employers Name																				
Main Occupation																				
Section to be filled out if Executive Council Member or Director Does Not have a TIN and is Self-employed																				
Nature of Business																				
Annual Turnover																				
No of Employees																				
Business Address:																				
House No.																				
Building Name																				
Street Name																				

Town / City																				
Location / Area																				
Country																				
Region																				
District																				
Ghana Digital Address																				
Section to be filled out by All Executive Council Members or Directors (whether they have a TIN or not)																				
Mobile Number 1:																				
Mobile Number 2:																				
Phone Number 1:																				
Phone Number 2:																				
Fax:																				
E-mail Address:																				
Preferred Contact		Mobile					Email					Letter								
Residential Address																				
House No.																				
Building Name																				
Street:																				
Town / City:																				
Location / Area																				
Country:																				
Region:																				
District:																				
Ghana Digital Address																				
Postal Address																				
Care of:																				
Postal Type		P O Box					PMB					DTD								
Postal No																				
Postal Region																				
Postal Town																				

Particulars of other Directorships:																				
Executive Council Member or Director 2:																				
Title		Mr				Mrs				Miss				Ms				Dr		
First Name																				
Middle Name																				
Last Name																				
Gender		Male							Female											
Date of Birth	D	D	M	M	Y	Y	Y	Y												
Any Former Name																				
Nationality																				
Does the Director Have a Tax Identification Number (TIN?)												Yes		No						
Section to be filled out by Executive Council Members or Directors who have a TIN																				
TIN																				
Section to be filled out by Executive Council Member or Directors who do not have a TIN																				
Type of Identification Used					Voters Card					National ID					Driver's License					
Date of Issue	D	D	M	M	Y	Y	Y	Y												
Date of Expiry	D	D	M	M	Y	Y	Y	Y												
Country of Issue																				
Place of Issue																				
ID Number																				
Mothers Maiden Last Name																				
Mothers Maiden First Name																				
Marital Status		Single					Married					Divorced								
		Separated					Widowed					Widower								
Town of Birth																				
Country of Birth																				
Region of Birth																				
District of Birth																				
Resident		Yes							No											
Other Information		Importer					Exporter					Tax Consultant					Not Applicable			

Current Tax Office																					
Old TIN																					
Employment Type	Self Employed				Employee				Employee of a Foreign Mission												
	Other (Specify)																				
Employers Name																					
Main Occupation																					
Section to be filled out if Executive Council Member or Director Does Not have a TIN and is Self-employed																					
Nature of Business																					
Annual Turnover																					
No of Employees																					
Business Address:																					
House No.																					
Building Name																					
Street Name																					
Town / City																					
Location / Area																					
Country																					
Region																					
District																					
Ghana Digital Address																					
Section to be filled out by All Executive Council Members or Directors (whether they have a TIN or not)																					
Mobile Number 1:																					
Mobile Number 2:																					
Phone Number 1:																					
Phone Number 2:																					
Fax:																					
E-mail Address:																					
Preferred Contact	Mobile				Email				Letter												
Residential Address																					
House No.																					
Building Name																					

Street:																									
Town / City:																									
Location / Area																									
Country:																									
Region:																									
District:																									
Ghana Digital Address																									
Postal Address																									
Care of:																									
Postal Type		P O Box					PMB					DTD													
Postal No																									
Postal Region																									
Postal Town																									
Particulars of other Directorships:																									
(H) Particulars of Secretary of the Company																									
Role of Individual		Secretary											Representative of Corporate Secretary												
Title		Mr					Mrs					Miss					Ms					Dr			
First Name																									
Middle Name																									
Last Name																									
Gender		Male							Female																
Date of Birth		D	D	M	M	Y	Y	Y	Y																
Any Former Name																									
Nationality																									
Does the Director Have a Tax Identification Number (TIN?)													Yes			No									
Section to be filled out by Secretaries / Corporate Representatives who have a TIN																									
TIN																									
Section to be filled out by Secretaries / Corporate Representatives who do not have a TIN																									

Type of Identification Used				Voters Card				National ID				Driver's License								
Date of Issue	D	D	M	M	Y	Y	Y	Y												
Date of Expiry	D	D	M	M	Y	Y	Y	Y												
Country of Issue																				
Place of Issue																				
ID Number																				
Mothers Maiden Last Name																				
Mothers Maiden First Name																				
Marital Status	Single				Married				Divorced											
	Separated				Widowed				Widower											
Town of Birth																				
Country of Birth																				
Region of Birth																				
District of Birth																				
Resident	Yes				No															
Other Information	Importer				Exporter				Tax Consultant				Not Applicable							
Current Tax Office																				
Old TIN																				
Employment Type	Self Employed				Employee				Employee of a Foreign Mission											
	Other (Specify)																			
Employers Name																				
Main Occupation																				
Section to be filled out if Secretaries / Representatives Does Not have a TIN and is Self-employed																				
Nature of Business																				
Annual Turnover																				
No of Employees																				
Business Address:																				
House No.																				
Building Name																				
Street Name																				
Town / City																				
Location / Area																				

Country																					
Region																					
District																					
Ghana Digital Address																					
Section to be filled out by All Secretaries/Representatives (regardless of whether they have a TIN or not)																					
Mobile Number 1:																					
Mobile Number 2:																					
Phone Number 1:																					
Phone Number 2:																					
Fax:																					
E-mail Address:																					
Preferred Contact		Mobile					Email					Letter									
Residential Address																					
House No.																					
Building Name																					
Street:																					
Town / City:																					
Location / Area																					
Country:																					
Region:																					
District:																					
Ghana Digital Address																					
Postal Address																					
Care of:																					
Postal Type		P O Box					PMB					DTD									
Postal No																					
Postal Region																					
Postal Town																					

Signature of Secretary / Corporate Representative																	
IN CASE OF A CORPORATE BODY ACTING AS A SECRETARY																	
*TIN																	
*Corporate Name:																	
*Corporate Address: H/No. LMB																	
P.O.Box/DTD/PMB																	
Mobile Number 1:																	
Mobile Number 2:																	
Fax:																	
E-mail Address:																	
Website:																	
*Corporate Stamp																	
(I) Particulars of Auditor of the Company																	
TIN																	
Auditors Firm Name																	
Audit Firm House /Building / Flat No.																	
Street:																	
Town / City:																	
Country:																	
Region:																	
District:																	
Ghana Digital Address																	

Postal Address																			
Care of:																			
Postal Type	P O Box					PMB					DTD								
Postal No																			
Postal Region																			
Postal Town																			
Postal Location																			
Phone No																			
Mobile No																			
Email																			
Website																			
(J) Executive Council Members' or Directors' Signatures																			
Executive Council Member or Director 1: (Name) _____ (Signature) _____										Executive Council Member or Director 2: (Name) _____ (Signature) _____									
(K) Declaration (for Executive Council Member or Director who cannot read or write)																			
N/B: I.....of..... (address) hereby declare that I have read over the contents of this document to the Director in the language and the Executive Council Member Director appeared to understand same before thumb printing.															THUMB PRINT OF EXECUTIVE COUNCIL MEMBER OR DIRECTOR				
..... (Signature)										<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> Date (d d / m m / y y y y)									

Declaration (for Executive Council Member or Director who cannot read or write)

N/B: I.....of..... (address)
hereby declare that I have read over the contents of this document to the Director in the
..... language and the Executive Council Member Director appeared
to understand same before thumb printing.

THUMB PRINT OF
EXECUTIVE
COUNCIL
MEMBER OR
DIRECTOR

.....
(Signature)

.....
Date (d d / m m / y y y y)

(L)**Secretary's Signature**

(Name).....

(Signature).....

(M)**Amount Guaranteed**

Amount Guaranteed

(N)**SME Details**

No. of Employees Envisaged:

Revenue Envisaged:

(O)**Business Operating Permit (BOP) Request**

Apply for BOP Now

Apply for BOP Later

Already have a BOP*

*Provide BOP Reference No.

For Official Use Only

Date of Submission of Document:

D D M M Y Y Y Y

Transaction ID Number Allocated

ISIC Code

Office Description

(For instructions as to signing etc., see Notes on subsequent pages)

NOTES

This Form must be signed by any two Executive Council Members or Directors and Secretary and sent by post to the Registrar of Companies, P. O. Box 118, Accra, be electronically delivered or hand delivered to the Offices of the

Registrar-General's Department within twenty eight 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 name and address of witness must be stated.

If the change is in respect of the place of business, kindly state the house number and street (if any) of the new place of business or give an adequate description of the principal place of business. Where the company defaults in delivering to the Registrar with the required statement of any change in the particulars registered within twenty eight days of the change, the company and every officer of the company who is in default is liable to a fine of not more than twenty five penalty units for each day that the default continues.

A person who wilfully makes a false statement on this document and knows it to be false commits an offence and is liable on conviction to imprisonment for a term of not more than two years or to a fine of not more than five hundred penalty units or to both the imprisonment and the 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 3B

Section A:

- (i) **Company Name:** State the full name of the Company
- (ii) **Type of Company:** State the type of Company
- (ii) **Presented by:** State whether it is a Executive Council Member or Director or Secretary
- (iii) **Objects for which Company is formed::** Please indicate the Objects of the Company
- (iv) **Principal Activity:** Kindly define the Company's principal business activity.
- (v) **ISIC Code:** Indicate the ISIC (International Standard Industrial Classification) Code of your principal business activity.

Section B:

Registered Address

- (i) State the **House/Building/Flat (Name or House No. etc.) Landmark of Building (LMB)** in which Company is situated.
- (ii) State the **Street** in which the Company is situated.
- (iii) State the **City** in which the Company is situated.
- (iv) State the **District** in which the Company is situated.
- (v) State the **Region** in which the Company is situated.
- (vi) Indicate the Ghana **Digital Address** of the Registered Office (www.ghanapostgps.com)
- (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.**"
- (ix) State the **Landlord's Name** in full if appropriate

Section C:

Principal Place of Business

- (i) State the **House/Building/Flat (Name or House No. etc.) Landmark of Building (LMB)** in which Company is situated.
- (ii) State the **Street** in which the Company is situated.
- (iii) State the **City** in which the Company is situated.
- (iv) State the **District** in which the Company is situated.
- (v) State the **Region** in which the Company is situated.
- (vi) Indicate the Ghana **Digital Address** of the Principal Place of Business (www.ghanapostgps.com)
- (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.”

(ix) State the **Landlord's Name** in full if appropriate

Section D:

Other Places of Business

Each of the two addresses of this section should be filled in under following guidelines:

- (i) State the **House/Building/Flat (Name or House No. etc.) Landmark of Building (LMB)** in which Company is situated.
- (ii) State the **Street** in which the Company is situated.
- (iii) State the **City** in which the Company is situated.
- (iv) State the **District** in which the Company is situated.
- (v) State the **Region** in which the Company is situated.
- (vi) Indicate the Ghana **Digital Address** of the Other Places of Business (www.ghanapostgps.com)
- (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.”
- (ix) State the **Landlord's Name** in full if appropriate

Section E:

Postal Address

- (i) 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.
- (iv) State the **City**.
- (v) State the **District**
- (vi) State **Region**

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.

Section G:

Particulars of Executive Council Members or Directors of the Company

Minimum of two Executive Council Members or Directors, one must at all times be resident in Ghana. (Each Executive Council Member or Director of the Company must provide all the details as mentioned below. In case of more than two Executive Council Members or Directors, additional sheet may be used to provide details of the remaining Executive Council Members or Directors of the Company. Each Executive Council Members or Executive Council Members or Director must endorse his/her signature in the space provided for this purpose.) **A corporate body cannot be an Executive Council Members or Director.**

- (i) Please indicate whether the Executive Council Member or Director already has a Taxpayer Identification Number (TIN).
- (ii) If the Executive Council Member or Director already has a TIN please provide it
- (iii) If the Executive Council Member or Director does not already have a TIN please provide the required details including a valid means of identification (Ghana Voters Card, National Identity Card or Driving License) – this will permit Registrar-General’s Department to submit an application for TIN on his / her behalf.
- (iv) For all Executive Council Members or Directors (regardless of whether they have a TIN or not) please provide their Title, Employment Type, Employers Name, Main Occupation, Marital Status, Country of Birth, Region of Birth, Nationality, Resident Status, indication of whether the Executive Council Member or Director is an Importer, Exporter or Tax Consultant, the Tax Office at which the Executive Council

Member or Director is currently registered (if applicable), 'Old' TIN of Executive Council Member or Director (if applicable), Mobile Phone No., Phone No., Fax No., email address, preferred contact mode, Residential Address, Postal Address

- (v) If the Executive Council Member or Director is self-employed please also provide: the Nature of Business, Annual Turnover, No. of employees and Business Address
- (vi) If the Executive Council Member or Director holds other Directorships please provide particulars: clearly write the full Company Name and Company Address whose directorship is being held by the Executive Council Member or Director.

Section H:

Particulars of Secretary of the Company

The Secretary must at all times be resident in Ghana

- (i) Please indicate the role of the individual who undertakes the duties of the Secretary: whether he /she is the Secretary him/herself or the Representative of a Corporate Body acting as Secretary
- (ii) Please indicate whether the Secretary / Representative already has a Taxpayer Identification Number (TIN).
- (iii) If the Secretary / Representative already has a TIN please provide it
- (iv) If the Secretary / Representative does not already have a TIN please provide the required details including a valid means of identification (Ghana Voters Card, National Identity Card or Driving License) – this will permit Registrar-General's Department to submit an application for TIN on his / her behalf.
- (v) In all cases (regardless of whether the Secretary / Representative has a TIN or not) please provide their Title, Employment Type, Employers Name, Main Occupation, Marital Status, Country of Birth, Region of Birth, Nationality, Residential Status, indication of whether Secretary / Representative is an Importer, Exporter or Tax Consultant, the Tax Office at which the Secretary / Representative is currently registered (if applicable), 'Old' TIN of Secretary / Representative (if applicable), Mobile Phone No., Phone No., Fax No., email address, preferred contact mode, Residential Address, Postal Address
- (vi) If the Secretary / Representative is self-employed please also provide: the Nature of Business, Annual Turnover, No. of employees and Business Address
- (vii) In the case of a corporate body acting as a Secretary please provide: the Corporate TIN, Corporate Name, Corporate Address, and Corporate Phone No. / Fax / Email / Website

Section I:

Particulars of Auditor of the Company

- (i) Please provide the Auditor's Taxpayer Identification Number (TIN).
- (ii) Please provide the Auditor's Name, Address and Contacts

Section J:

Executive Council Members' or Directors' Signatures

Provide the **Signatures** of the Executive Council Members or Directors of the Company.

Section L:

Secretary's Signature

Provide the **Signature** of the Secretary of the Company.

Section M:

Amount Guaranteed

In this section please provide the Amount Guaranteed for the company. This minimum amount in the Companies Act, 1963 (Act 179) is a GH¢ 100.00.

Section N:

SME Details

- (I) In this section you have to indicate information regarding the **Total Number of Employees Envisaged** of the Company in the spaces provided.
- (ii) In this section you have to indicate information regarding the **Total Amount of Revenue Envisaged** of the Company in the spaces provided.

Section O:

Business Operating Permit (BOP) Request

- (I) Tick the appropriate box to indicate if you wish to apply for a Business Operating Permit (BOP) **Now, Later** or whether you **Already have** a BOP.
- (II) If you already have a Business Operating Permit (BOP) please provide the **Reference Number**