



**THE REGISTRAR-GENERAL'S DEPARTMENT**  
**THE COMPANIES ACT 1963 (ACT 179)**  
**REGULATIONS OF (A COMPANY LIMITED BY GUARANTEE)**  
**RE-REGISTRATION**

**INSTRUCTIONS: COMPLETE FORM WITH BLACK INK AND IN BLOCK LETTERS**

(THIS FORM IS NOT FOR SALE)

PLEASE SPELL OUT ALL WORDS –NO ABBREVIATIONS

\*INDICATES MANDATORY FIELD

<b>(A)</b>															
*Old Registration No.:															
*Old TIN															
*Old Date of Incorporation															dd/mm/yy
*Old Date of Commencement of Business															dd/mm/yy
*Company Name:															
*General Nature of Business(Objects) for which Company is formed:															
*Principal Activity:															
ISIC Code:															
<b>(B) Business Addresses Information</b>															
<b>Registered Office Address</b>															
*House/Building/ Flat (Name or House No etc.)/LMB:															
*Street:															
*City:															
*District:															



<b>(E) Postal Address</b>																			
*C/O:																			
*Postal Type: <i>(Ticket as applicable)</i>		P.O. Box					PMB					DTD							
*Postal Number:	Prefix	Number																	
*Town																			
*City:																			
*Region:																			

<b>(F) Contacts</b>																			
Phone No 1:																			
Phone No 2:																			
*Office Mobile No 1:																			
Mobile No 2:																			
Fax:																			
Email:																			
Website:																			

<b>(G) Particulars of Executive Council Members / Directors</b>																			
<b>Note:</b> <i>*Two Executive Council Members / Directors are Mandatory.</i>																			
<b>*Executive Council Member / Director1:</b>																			
*TIN:																			
Present Name:																			
*First Name:																			
Middle Name:																			
*Surname:																			
Any Former Forename/Surname:																			
First Name:																			

Middle Name:																				
Surname:																				
Date of Birth:					(dd/mm/yy)															
Nationality:																				
*House/Building/ Flat (Name or House No etc.)/LMB:																				
*Street:																				
*City:																				
*District:																				
*Region:																				
Occupation:																				
<b>*Executive Council Member / Director 2:</b>																				
*TIN:																				
Present Name:																				
*First Name:																				
Middle Name:																				
Surname:																				
Any Former Forename/Surname:																				
First Name:																				
Middle Name:																				
Surname:																				
Date of Birth:					(dd/mm/yy)															
Nationality:																				

*House/Building/ Flat (Name or House No etc.)/LMB:																				
*Street:																				
*City:																				
*District:																				
*Region:																				
Occupation:																				

**(H) Particulars of Secretary**

*TIN:																				
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Present Name:

*First Name:																				
Middle Name:																				
*Surname:																				

Any Former Forename/Surname:

First Name:																				
Middle Name:																				
Surname:																				

Date of Birth:																				
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(dd/mm/yy)

Nationality:																				
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*Secretary's Address:																				

Occupation:																				
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**IN CASE A CORPORATE BODY ACTING AS A SECRETARY**

*Corporate Name:	
*Corporate Address:	
*Corporate Stamp:	
*Name of Person Representing the Corporate:	
*TIN: (Corporate Representative)	
*Signature: (Corporate Representative)	-----

**(I) Particulars of Auditor of the Company**

Auditor's Firm Name:	
Auditor's Firm Phone No.:	
*Auditor's Firm Mobile No.:	
*Auditor's Firm Address:	

**(J) Members of Executive Council / Directors Signatures:**

Member of Executive Council / Director 1:  *(Name) -----  *(Signature) -----	Member of Executive Council / Director 2:  *(Name) -----  *(Signature) -----
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**(K)**

**Members' Details**

**Notes:** \* It is mandatory to have at least one Member.

**\*Member 1:**

Name:																	
First Name:																	
Middle Name:																	
Surname:																	
TIN:																	
Nationality:																	
Nationality:																	
*Residential Address:																	
Occupation:																	
*Signature:	<p>-----</p>																

**IN CASE A CORPORATE BODY ACTING AS A MEMBER**

*Corporate Name:																	
*Corporate Address:																	
*Corporate Stamp:																	
*Name of Person Representing the Corporate:																	
*TIN: (Corporate Representative)																	



## **NOTES**

This Form must be signed by members and sent by post, e-mail or delivered to the Registrar of Companies, P. O. Box 118, Accra, within 28 days after any change in any of the particulars registered. If the person registering cannot 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 the respect of the place of business, the member have 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 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 person signing it will entail liability 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 REREGISTRATION FORM OF COMPANY LIMITED BY GUARANTEE

## Section A:

- (i) **Old Registration No.:** provide here accurate Old Registration Number.
- (ii) **Old TIN. :** provide here accurate Old Tax Identification Number.
- (iii) **Old Date of Incorporation:** Old Date of Incorporation
- (iv) **Old Date of Commencement of Business:** Old Date of Commencement of Business
- (v) **Company Name:** Here state the full name of the company (may end with either Association, Organisation, Foundation, Club and Society)
- (vi) **General Nature of Business:** please tick (✓) the appropriate column/columns applicable to your line of business
- (vii) **Principal Activity:** Out of the above classification selected by you, kindly mention your principal business activity/object for which this company is being Registered..

## Section B:

### Registered Office Address

- (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 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.

## Section C:

### 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 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.

## 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 this company is situated.
- (ii) State the **Street** where branch of company is situated.
- (iii) State **City** where branch of company is situated.
- (iv) State **District** where branch of the company is situated.
- (v) State **Region** where branch of the company 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 company is situated.
- (iv) State the **Region** in which the company is situated.
- (v) State the **Town** in which company is situated.
- (vi) State **Location/Area** in which company is situated.

## **Section F:**

### **Contacts**

- (i) **Office Mobile No. 1** and **Phone No. 1** of the company office are mandatory.
- (ii) **Phone No. 2, Mobile No. 2, Fax, Email** and **Website** of the company are optional and you may or may not provide.

## **Section G:**

### **Particulars of Executive Council Members/Directors**

A Corporate Body cannot be a Director of a Company

Minimum of 2 Directors, one must at all times be resident in Ghana

- (i) Provide here accurate **Taxpayer identification Number (TIN)** of the Executive Council Member/Director of the Company.
- (ii) Please provide **First Name, Middle Name** and **Sur Name** of the of the Executive Council Member/Director of the Company.
- (iii) State here the **Date of Birth** of the Executive Council Member/Director of the Company in the provided format.
- (iv) Here state the **Nationality** of the Executive Council Member/Director of the Company. If the Executive Council Member/Director has changed his/her nationality through naturalization, etc., please state the nationality at birth.
- (v) Here state the **Occupation** of the Executive Council Member/Director of the Company.
- (vi) Write here the **Residential Address** of the Executive Council Member/Director of the Company.

## **Section H:**

### **Particulars of Secretary/Treasurer of the Company**

Secretary must at all times be resident in Ghana and also a corporate body can be a Secretary

- (i) Here provide the accurate **Taxpayer identification Number (TIN)** of the Secretary of the Company.
- (ii) Next provide **First Name, Middle Name** and **Sur Name** of the Secretary of the Company.
- (iii) State here the **Date of Birth** of the Secretary of the Company in the provided format..
- (iv) Write here the **Residential Address** of the Secretary of the Company.

## **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) Next provide the **Auditor's Firm Name** in the provided space.
- (iii) Write here the **Auditor's Firm Address**.
- (iv) Provide Mobile Number/Office Telephone Number

### **Section J:**

#### **Members of Executive council/Directors' Signatures**

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

### **Section K:**

#### **Members' Details**

Similar details for each of the Member are to be filled. A minimum of one member is required, in cases of more than one member an additional sheet may be used.

- (i) Please provide accurate **Taxpayer identification Number (TIN)** of the Member of the Company /or corporate name.
- (ii) Please provide **First Name, Middle Name and Surname** of the Member of the Company.
- (iii) State here the **Date of Birth** of the Member of the Company in the provided format..
- (iv) Here state the **Nationality** of the Member of the Company. If the Member has changed his/her nationality through naturalization, etc., state the nationality at birth.
- (v) Write here the **Residential Address** of the Member of the Company.
- (vi) Each Member must sign in the space provided for Signatures.

### **Section L:**

#### **Declaration**

- (i) Please write **Full Name of the Applicant**.
- (ii) A literate person should endorse the **Thumb Print** of an illiterate person
- (iii) State **Date** in the provided space as per provided format of (DD/MM/YYYY).

### **Section M:**

#### **Amount Guaranteed**

- (i) In this section please provide the **Amount Guaranteed** for the company.

### **Section N:**

#### **SME Details**

- (i) This section is optional; however, if you fill it in, provide **Total Number of Employees** and **Revenue Envisaged** in the provided spaces of your business.