



**THE REGISTRAR-GENERAL'S DEPARTMENT
THE COMPANIES ACT 1963 (ACT 179) (FORMS 3&4)
REGULATIONS OF (A COMPANY LIMITED BY SHARES)
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

(A)																					
*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 (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:																					
*Financial Year End:																			Day:		
	ISIC Code:																				
(B) Registered Address																					
*House/Building/ Flat (Name or House No etc.)/LMB:																					
*Street:																					
*City:																					
*District:																					
*Region:																					

(C) Principal Place of Business																
*House/Building/ Flat (Name or House No etc.)/LMB:																
*Street:																
*City:																
*District:																
*Region:																

(D) Other Business Place(s)																
Address 1:																
House/Building/ Flat (Name or House No etc.)/LMB:																
Street:																
City:																
P.O. Box:																
PMB/DTD:																
District:																
Region:																

Address 2:																
House/Building/ Flat (Name or House No etc.)/LMB:																
Street:																
City:																
P.O. Box:																
PMB/DTD:																
District:																
Region:																

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

(F) Contacts																			
Phone No 1:																			
Phone No 2:																			
*Office Mobile No 1:																			
Mobile No 2:																			
Fax:																			
Email:																			
Website:																			

(G) Particulars of Directors of the Company																			
*Director 1:																			
*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:																				
*Director 2:																				
*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 of the Company

*TIN:																				
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Present Name:

*First Name:																				
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Middle Name:																				
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*Surname:																				
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Date of Birth:																				
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(dd/mm/yy)

Nationality:																				
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Any Former Forename/Surname:

First Name:																				
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Middle Name:																				
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Surname:																				
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*Secretary's Address:																				
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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

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

(J) Capital Details

*Authorized Shares:																				
*Amount of Stated Capital: (GHC)																				

(K) Company Shares (if any)

Number of Authorized Shares of Each Class:

*Ordinary Shares:													
Preferences Shares:													
Debenture Shares:													

Number of Issued Shares of Each Class:

*Ordinary Shares:													
Preferences Shares:													
Debenture Shares:													

Amount Paid in Cash of Each Class:

*Ordinary Shares:													
Preferences Shares:													
Debenture Shares:													

Amount Paid Otherwise than in Cash of Each Class:

Ordinary Shares:													
Preferences Shares:													
Debenture Shares:													

Amount Remaining to be Paid on Each Class:

Ordinary Shares (Unpaid):													
Ordinary Shares (Due):													
Preferences Shares (Unpaid):													
Preferences Shares (Due):													
Debenture Shares (Unpaid):													
Debenture Shares (Due):													

(L) Directors' Signatures

Director 1: *(Name) ----- *(Signature) -----	Director 2: *(Name) ----- *(Signature) -----
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(M) Secretary's Signature

*(Name) ----- *(Signature) -----

NOTES

This Form must be signed by the Directors, Secretary and Shareholder(s), and sent by post , email 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 any of the director(s), shareholder(s) and secretary cannot sign, his or her mark must be affixed 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, one 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 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 GHC10.00 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 GHC500.00 or to both such imprisonment and fine.

INSTRUCTIONS TO FILL IN REREGISTRATION OF COMPANY LIMITED BY SHARES FORM

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 (Name must end with Limited)
- (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 here.
- (viii) **Financial Year End:** The Month and Day of the end of the Companies Financial Year

Section B:

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 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 Building (LMB)** in which company 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 the Company is situated.
- (ii) State the **Street** where branch of the Company is situated.
- (iii) State **City** where branch of the Company is situated.
- (iv) State **PMB/DTD** where branch of the Company is situated.
- (v) State **District** where branch of the Company is situated.
- (vi) 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 the Company is situated.
- (vi) State **Location/Area** in which the Company is situated.

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 and you may or may not provide information on them.

Section G:

Particulars of Directors of the Company

Minimum of Two (2) Directors, One must at all times be resident in Ghana. *(Each Director of the Company must provide all the details as mentioned below. In case of more than 2 Directors, additional sheet may be used to provide details of the remaining director/s of the Company. Each Director must endorse his/her signature in the space provided for this purpose.)* **A corporate body cannot be a director.**

- (i) Pl. provides the accurate **Taxpayer identification Number (TIN)** of the Director of the Company.
- (ii) Pl. provides **First Name, Middle Name** and **Sur Name** of the Director of the Company.
- (iii) State here the **Date of Birth** of the Director in the given format of (dd/mm/yy).
- (iv) Here state the **Nationality** of the Director of the Company. If the Director has changed his/her nationality through naturalization, etc., state the nationality at birth.
- (v) Write here the **Residential Address** of the Company Director.
- (vi) Write here the **Occupation** of the Company Director.

Section H:

Particulars of Secretary of the Company

The Secretary must at all times be resident in Ghana

- (i) Here provide the accurate **Taxpayer identification Number (TIN)** of the Secretary of the Company.
- (ii) Pl. provides **First Name, Middle Name** and **Surname** of the owner of the Secretary of the Company.
- (iii) State here the **Date of Birth** of the Secretary in the given format of (dd/mm/yy).
- (iv) Write here the **Residential Address** of the Secretary of the Company.
- (v) Write here the **Occupation** of the Secretary of the Company.
- (vi) If the Secretary is a Corporate Body complete the information for a Corporate Body

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

Section J:

Capital Details

- (i) Mention here the **Currency of Capital** by ticking (✓) the relevant column.
- (ii) Mention here the total amount of **Authorized Shares**.
- (iii) State here clearly the **Amount of Stated Capital**.

Section K:

Company Shares (if any)

- (i) Pl. mentions all the relevant details for all three types of shares including **Ordinary shares, Preferences Shares** and **Debenture Shares**.

Section L:

Directors' Signatures

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

Section M:

Secretary's Signatures

- (i) Here provide the **Signature** of the Secretary of the Company.

Section N:

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 company.

Section O:

Shareholders Details

There should be a minimum of one shareholder. In this section information about each shareholder must be provided as below. In case of more than 1 Director, additional sheet may be used to provide details of the remaining Director/s of the Company.

- (i) State here the **First Name, Middle Name** and **Sur Name** of the Shareholder of the of the Company.
- (ii) Where shareholder is a corporate body fill section '5'
- (iii) Here provide the accurate **Taxpayer identification Number (TIN)** of the Shareholder of the Company.
- (iv) State here the **Date of Birth** of the Shareholder in the given format of (dd/mm/yy).
- (v) Here state the **Nationality** of the Shareholder of the Company. If the Shareholder has changed his/her nationality through naturalization, etc., state the nationality at birth.

- (vi) Write here the **Residential Address** of the Shareholder..
- (vii) State here clearly the **Occupation** of the Shareholder..
- (viii) Indicate the age of the shareholder in the format (yy)
- (ix) Provide the account of **No. of Shares Taken** by the Shareholder.
- (x) Write the **Consideration Payable in Cash** by the Subscriber of the Company.
- (xi) The Shareholder must endorse his/her **Signatures** in the space provided for this purpose.