



THE REGISTRAR-GENERAL'S DEPARTMENT
THE COMPANIES ACT 1963 (ACT 179)(FORM 20 & 21)
EXTERNAL COMPANY REQUIRING REGISTRATION
 (Under Section 303 (i) (b))

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)																			
*Name of Company:																			
*General Nature of Business or Main Objects (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:																			
ISIC Code:																			
(B) Business Addresses Information																			
Address of the Registered or Principal Office in Country of Incorporation																			
*House/Building/ Flat (Name or House No etc.)/LMB:																			
Street:																			
City:																			
P.O. Box:																			
State/Province:																			
Zip Code:																			

Present Name:																			
*First Name:																			
Middle Name:																			
*Surname:																			
Any Former Forename/Surname:																			
First Name:																			
Middle Name:																			
Surname:																			
Date of Birth:																			
Nationality:																			
Residential Address:																			
*House/Building/ Flat (Name or House No etc.)/LMB:																			
*Street:																			
*City:																			
*P.O. Box:																			
PMB/DTD																			
*District:																			
*Region:																			
Occupation:																			
(G) Capital Amount																			
*Nominal Amount:																			
*Authorized Capital:																			
*Issued Capital:																			
*Capital Paid up in Cash																			

*Capital Paid up otherwise than in Cash:																	
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(H) Declaration

I, _____
(Full name of Applicant) Declare that the information given below is correct and complete.

SIGNATURE (Local Manager) DATE ___/___/_____

(I) SME Details

No. Of Employees Envisaged:																	
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Revenue Envisaged:																	
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For Official Use Only

Document Registration Date:																	
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(dd/mm/yy)

Registration Number Allotted:																	
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Office Description:	-----																
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(For instructions as to signing etc., see **Notes** under)

NOTES

This Form must be signed by the Local Manager and sent by post, e-mail or delivered to the Registrar of External Companies, P. O. Box 118, Accra, within 28 days after any change in any of the particulars registered.

If the change is in the respect of the place of business, you 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 \$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 \$500.00 or to both such imprisonment and fine.

INSTRUCTIONS TO FILL IN EXTERNAL COMPANY REGISTRATION FORM

Section A:

- (i) **Name of the Company:** Pl. write the Name of the External Company which is to be registered in Ghana (should be identical to company incorporated outside the country).
- (ii) **Name of the Company:** Pl. write the Name of the local company which is presenting the external company here for registration.
- (iii) **General Nature of Business:** please tick (✓) the appropriate column/columns applicable to your line of business

Section B:

Principal Place of Business

Address of the Registered or Principal Office in Country of Incorporation

- (i) Here state **House/Building/Flat (Name or House No. etc.) LandMark of Building** in which business is situated.
- (ii) State the **Street** in which business is situated.
- (iii) State **City** in which business is situated.
- (iv) State **Private Mail Bag (PMB)/Door To Door (DTD)** in which business is situated.
- (v) State **District** in which business is situated.
- (vi) State **Region** in which business is stated.

Section C:

Principal Place of Business

Address of Principal Place of Business in Ghana

- (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 **Private Mail Bag (PMB)/Door To Door (DTD)** in which business is situated.
- (v) State **District** in which business is situated.
- (vi) State **Region** in which business is stated.

Section D:

Postal Address in Ghana

- (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 E:

Contacts in Ghana

- (i) Pl. write details of **Mobile No. 1** and **Phone No. 1** of the business office.
- (ii) **Phone No. 2, Mobile No. 2, Fax, Email** and **Website** of the business are optional.

Section F:

Particulars of Local Manager

- (i) Pl. write accurately the **Taxpayer identification Number (TIN)** of the Local Manager of the Company.
- (ii) Pl. write **Present** First Name, Middle Name and Sur Name of the Local Manager of the Company.
- (iii) Next provide **Any Former forename/Surname** including First Name, Middle Name and Sur Name of the Local Manager of the Company.
- (iv) State here the **Date of Birth** of the Local Manager of the Company in the given format
- (v) In Residential Address of the Local Manager of the Company, fill in the form as follows;
 - a. Here state **House/Building/Flat (Name or House No. etc.) LandMark of Building (LMB)** in which local manager resides.
 - b. State the **Street** in which local manager resides.
 - c. State **City** in which local manager resides.
 - d. State **Private Mail Bag (PMB)/Door To Door (DTD)** in which local manager resides.
 - e. State **District** in which local manager resides.
 - f. State **Region** in which local manager resides.
 - g. State **Occupation** of local manger

Section G:

Capital Amount

- (i) Pl. write **Nominal Amount** in GHC.
- (ii) Pease write the **Authorized Capital** in GHC.
- (iii) State here the **Issued Capital** in GHC.
- (iv) In last two columns state the **Capital Paid up in Cash** and **Capital Paid up otherwise than in Cash**.

Section H:

Declaration

- (i) Pl. write **Full Name of the Applicant**.
- (ii) Pl. write the **Date** in the provided space as per the format of (DD/MM/YYYY).

Section I:

SME Details

This section is optional. You may information about the **Total Number of Employees** and **Revenue Envisaged** in the spaces provided for this purpose.