



THE REGISTRAR-GENERAL'S DEPARTMENT
THE INCORPORATED PRIVATE PARTNERSHIP ACT, 1962 (NO. 152)
INCORPORATION OF PARTNERSHIP (FORM A)
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 Start Date																			dd/mm/yy		
*Old Date of Registration																			dd/mm/yy		
*Partnership 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:																					
ISIC Code:																					
(B) Business Addresses Information																					
Principal Place of Business																					
*House/Building/ Flat (Name or House No etc.)/LMB:																					
*Street:																					
*City:																					
*District:																					
*Region:																					

(C) 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:																				

(D) Postal Address

*C/O:																					
*Postal Type: <i>(Ticket as applicable)</i>																					
*Postal Number:	Prefix	Number																			
*Town:																					
*City:																					
*Region:																					

(E) Contacts

Phone No. (partner1):																				
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*Mobile No. Partner1):																				
Phone No (Partner2):																				
*Mobile No.(Partner2):																				
Fax:																				
Email:																				
Website:																				

(F) Partner(s) Details

Note: *It is mandatory to have a minimum of 2 Partners. In case of more than 2 Partners, use Supplementary Form.

***Partner 1:**

*TIN:																				
First Name:																				
Middle Name:																				
Surname:																				

Any Former Forename/Surname:

First Name:																				
Middle Name:																				
Surname:																				
*Date of Birth:																				
*Nationality:																				
*House/Building/ Flat (Name or House No etc.)/LMB:																				
*Street:																				
*City:																				
*District:																				

(J) Declaration (for Partners who cannot read/write)

I -----, resident of ----- have carefully read over the contents of this form in the ----- language to -----(Name of Person) and the said person appeared to understand same before appending his / her thumbprint to same.

(Signature of the Witness)

*(Thumbprint- Partner 1)

*(Thumbprint- Partner 2)

For Official Use Only

Document Registration Date:

--	--	--	--	--	--	--

 (dd/mm/yy)

Registration Number Allotted:

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Office Description: -----

(For instructions as to signing etc., see **Notes** under)

NOTES

This Form must be signed by the Partners and sent by post, e-mail or delivered to the Registrar of Partnerships. P. O. Box 118, Accra, within 28 days after any change in any of the particulars registered. If the partner(s) 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 respect of the place of business, the partner(s) must 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 INCORPORATION OF PARTNERSHIP 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 Start Date:** Old Start Date
- (iv) **Old Date of Registration:** Old Date of Registration
- (v) **Partnership Name:** Here state the full name of the partnership
- (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/major business activity.
- (viii) **Date of Commencement:** Write here the commencements date of your business in the given format of (dd/mm/yy). The business must have commenced before registration is effected (within 14 days of its commencement).

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.

Section C:

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

Section D:

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 **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

- (i) One **Mobile Number** of the business office is mandatory.
- (ii) **Phone No. 1, Phone No. 2, Mobile No. 2, Fax, Email** and **Opening Website** of the business are optional and you may or may not provide them here.

Section F:

Partner's Details

Fill in each Partner's Details as per below provided set of instructions. It is mandatory to have a minimum of two Partners. In case of more than 2 Partners, use Supplementary Form.

- (i) Pl provide the TIN (**Taxpayer identification Number**) of the partner.
- (ii) Pl. write ,First Name, Middle Name and Surname of the partner (If partner is a MRS provide maiden name).
- (iii) **Date of Birth** of the partner may be provided in date, month, year format(dd/mm/yy)
- (iv) Here state the **Nationality** of the partner. If the partner has changed his/her nationality through naturalization, etc., state the nationality at birth.
- (v) State **Occupation** of Partner

Section G:

Particulars of Charges on Partnership Assets

- (i) State the **Description of Asset** in the provided space.
- (ii) Provide **Date of Creation of the Charges** in the space as per provided format of (dd/mm/yyyy).
- (iii) Mention here the **Amount of charge**.

Section H:

SME Details

This section is optional .if you fill it in then pl. provide **Total Number of Employees** and **Revenue Envisaged** in the provided spaces of your business.

Section I:

Partners' Signatures

- (i) Here provide the Signature/Electronic Signature of the all five partners (if literate).

Section J:

Declaration

- (i) Here provide the **Full Name of the Witness**.
- (ii) State the **Residential Address** of the witness.
- (iii) Mention here the **Language** in which the content of the form is read over by the witness for illiterate partner/partners.
- (iv) A literate person should endorse the **Thumb Print** of an illiterate person