



THE REGISTRAR-GENERAL'S DEPARTMENT

RETURNS OF PARTICULARS OF THE COMPANY LIMITED
BY GUARANTEE REGISTRATION



THE COMPANIES (AMENDMENT) ACT, 2012 (ACT 835)
RETURNS OF PARTICULARS OF THE COMPANY LIMITED BY GUARANTEE
UNDER SECTION 27(1) OF THE COMPANIES ACT ON INCORPORATION
Pursuant To Section 27(1) Section 335A (1)(c)

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

No. of Company _____

(A)													
Company Name:													
Type of Company:													
Objects for which Company is formed:													
Principal Activity:													
ISIC Code:													
(B)	Business Address Information												
Registered Office													
*House/Building/Flat (Name or House No. etc.) /LMB:													
*Street:													
*City:													
*District:													
*Region:													
Ownership of Premises:													
If Owner Occupied, Is Part Rented?													
Landlord's Name:													

(C)																				
Principal Place of Business																				
*House/Building/Flat (Name or House No. etc.) /LMB:																				
*Street:																				
*City:																				
*District:																				
*Region:																				
Ownership of Premises:		Rented					Owner Occupied					Free Use								
If Owner Occupied, Is Part Rented?						YES					NO		If 'YES', provide the landlord details							
Landlord's Name:																				
(D) Other Business Place(s)																				
Address:																				
*House/Building/Flat (Name or House No. etc.) /LMB:																				
*Street:																				
*City:																				
*District:																				
*Region:																				
PMB/DTD:																				
*P. O. Box:																				
Ownership of Premises:		Rented					Owner Occupied					Free Use								
If Owner Occupied, Is Part Rented?						YES					NO		If ;'YES', provide the landlord details							
Landlord's Name:																				
(E) Postal Address of the Company																				
*Postal Type: (Tick as applicable)		P. O. Box					PMB					DTD								
Postal Number:	Prefix		Number																	
Town:																				
City:																				

Region:																					
(F) Contacts of the Company																					
Phone No. 1:																					
Phone No. 2:																					
Mobile No. 1:																					
Mobile No. 2:																					
Fax:																					
Email:																					
Website:																					
(G) Particulars of Executive Council Members / Directors																					
Note: *Two Executive Council Members / Directors are Mandatory.																					
*Executive Council Member / Director1:																					
TIN:																					
Present Name:																					
First Name:																					
Middle Name:																					
Surname:																					
Age:		Years																			
Any Former Forename / Surname:																					
Nationality:																					
Residential Address																					
*House/Building/Flat (Name or House No. etc.) /LMB:																					
Street:																					
City:																					
District:																					
Region:																					
Business Occupation:																					
Particulars of other Directorships:																					

*Executive Council Member / Director2:																			
TIN:																			
Present Name:																			
First Name:																			
Middle Name:																			
Surname:																			
Age:		Years																	
Any Former Forename/Surname:																			
Nationality:																			
Residential Address																			
*House/Building/Flat (Name or House No. etc.) /LMB:																			
Street:																			
City:																			
District:																			
Region:																			
Business Occupation:																			
Particulars of other Directorships:																			
(H) Particulars of Secretary																			
TIN:																			
Present Name:																			
First Name:																			
Middle Name:																			
Surname:																			
Age:		Years																	
Any Former Forename/Surname:																			
Nationality:																			
Residential Address																			
*House/Building/Flat (Name or House No. etc.) /LMB:																			

Street:																							
City:																							
District:																							
Region:																							
Business Occupation:																							

IN CASE OF A CORPORATE BODY ACTING AS A SECRETARY

Corporate Name:																							
Corporate Address H/No./LMB:																							
P.O.Box/DTA/PMB:																							
Corporate stamp:																							
Corporate TIN:																							
Name of Person Representing the Corporate:																							
Representative TIN:																							

Signature: (Corporate Representative)	-----																						
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(I)

Particulars of Auditor of the Company

Auditor's TIN:																							
Auditor's Firm Name:																							
Auditor's Firm Address: P. O. Box/PMB/DTD																							
*House/Building/Flat (Name or House No.) LMB:																							
Street:																							
City:																							
District:																							

Region:																							
Auditor's Firm Mobile No.:																							
Auditor's Office No.:																							

(J) Members of Executive Council / Directors Signature

<p>Members of Executive Council / Director 1:</p> <p>(Name).....</p> <p>(Signature)</p>	<p>Members of Executive Council / Director 2:</p> <p>(Name).....</p> <p>(Signature)</p>
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Secretary's Signature

(Name).....

(Signature)

(K) Declaration (for persons who cannot read/write)

.....
(Full name of Applicant)

.....
Signature

Date: / /
d d / m m / y y y y

Declare that the information given above is correct and complete.

N/B : Iof(address) hereby declare that I have read over the contents of this document to the applicant in thelanguage and he/she appeared to understand same before thumb printing

.....
(Signature)

Date: / /
d d / m m / y y y y

RIGHT THUMB PRINT

(L) Amount Guaranteed															
Amount Guaranteed:															
(M) SME Details															
No. Of Employees Envisaged:															
Revenue Envisaged:															
For Office Use Only															
Document Registration Date:															(dd/mm/yyyy)
Registration Number Allocated:															
ISIC Code:															
Office Description:	<p>.....</p>														

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

NOTES

This Form must be signed by Director/Secretary and sent by post, e-mail or electronically 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 Registrar with 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.

COMPANY REGULATIONS

The Company is required to deliver its proposed Regulations to the Registrar 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 REGISTRATION FORM OF COMPANY LIMITED BY GUARANTEE

Section A:

- (i) **Company Name:** Here state the full name of the company
- (ii) **Type of Company:** State whether it is an Association, Organisation, Foundation, Club or Societies
- (iii) **General Objects for Which Company is Formed:** please tick (✓) the appropriate column/columns applicable to your line of object
- (iv) **Principal Activity:** Kindly mention your principal objects for which this company is being Registered..
- (v) Guarantee companies do not file financial profit/loss statements
- (vi) **ISIC Code**

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.
- (vi) Please tick (✓) the appropriate column for options against **Ownership of Premises**.
- (vii) Please tick (✓) the appropriate column against **If Owner Occupied, Is Part Rented** options.
- (viii) Here state **Landlord's Name** in Full.

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.
- (vi) Please tick (✓) the appropriate column for options against **Ownership of Premises**.
- (vii) Please tick (✓) the appropriate column against **If Owner Occupied, Is Part Rented** options.
- (viii) Here state **Landlord's Name** in Full.

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.
- (vi) State **PMB/DTD** where branch of the company is situated.

- (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** options.
- (ix) Here state **Landlord's Name** in Full.

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 **Town** in which company is situated.
- (v) State **City** in which company is situated.
- (vi) State the **Region** in which the 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 **Surname** of the of the Executive Council Member/Director of the Company.
 - (iii) State here the **Age** of the Executive Council Member/Director of the Company in the provided format.
 - (iv) Provide any **Former Forename/Surname**
 - (v) 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.
 - (vi) Write here the **Residential Address** of the Executive Council Member/Director of the Company.
 - (vii) Here state the **Occupation** of the Executive Council Member/Director of the Company.
 - (viii) Write particulars of other Directorships: Particulars of other Companies one is a Director in

Section H:

Particulars of Secretary 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 **Surname** of the Secretary of the Company.
- (iii) State here the **Age** of the Secretary of the Company in the provided format.
- (iv) Provide any Former Forename/Surname
- (v) Provide Nationality of the secretary.
- (vi) Write here the **Residential Address** of the Secretary of the Company.
- (iii) State Occupation of Secretary.

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
- (v) Attach Auditor's consent letter and their TIN.

Section J:

Members of Executive Council/Directors' & Secretary Signatures

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

Section K:

Declaration

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

Section L:

Amount Guaranteed

- (i) In this section please provide the **Amount Guaranteed** for the company. This minimum amount in the Act is a GH¢ 100.00.

Section M:

SME Details

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