

REGISTRATION OF BUSINESS NAMES (PRESCRIBED FORMS) INSTRUMENT, 2014 (LI 2213)

IN exercise of the power conferred on the Registrar by sections 15A and 16 of the Registration of Business Names Act, 1962 (Act 151) as amended, this Instrument is made this 22nd day of August, 2014

Section 1—Prescribed Forms

(1) For the purposes of the sections of the Registration of Business Names Act, 1962 (Act 151) specified in the first column of the Schedule, the Forms in the second column of the Schedule are prescribed in relation to each of the sections specified.

(2) The Registrar-General shall make the Forms specified in the Schedule available on the website of the Registrar-General's Department

SCHEDULE

SectionForm

- |    |   |
|----|---|
| 2  | A - Registration of Business Names - Sole Proprietorship              |
|    | C - Registration of Subsidiary Business Name                          |
| 5A | A1 - Annual Renewal of Registration of a Sole Proprietorship          |
|    | C 1 - Annual Renewal of Registration of a Subsidiary Business Name    |
| 6  | D - Notification of Change in Particulars Registered by an individual |

## NOTES

This Form must be signed by the applicant and sent by post to the Registrar of Business names, P.O. Box 118, Accra, be electronically delivered or hand delivered to the offices of the Registrar-General's Department within twenty eight days after any change in any of the particulars registered. If the individual cannot sign, his or her mark must be affixed and witnessed. The name and address of witness must be stated.

A person who, without reasonable cause, fails to furnish the Registrar with the required statement of any change in the particulars registered within twenty eight days is liable to a fine of one hundred penalty units for each day during which the default continues.

A person who willfully makes a false statement on this document and knows it to be false commits an offence and is liable on conviction to imprisonment for a term of not more than six months or to a fine of not more than two hundred penalty units or to both the imprisonment and the fine.

## INSTRUCTIONS TO FILL IN SOLE PROPRIETORSHIP FORM

### Section A

(i) Business Name: State the full name of the business (Name cannot imply ownership of more than two people for eg. &, and etc)

(ii) General Nature of Business please tick (\*) the appropriate column/columns applicable to your line of business

(iii) Principal Activity: Out of the above classification selected by you, kindly provide your principal place of business activity.

(iv) Date of Commencement: Provide the commencement date of your business in the given format of (dd/mm/yy). The business must have commenced within fourteen days before registration

### Section B:

#### Principal Place of Business

(i) State House/Building /Flat (Name or House No. etc.) Land Mark of Building (LMB) in which the business is situated.

(ii) State the Street in which the business situated.

(iii) State the City in which the business situated.

(iv) State the District in which the business situated.

(v) State the Region in which the business situated.

### Section C:

### Proprietor or Proprietress Information

- (i) Provide accurate Taxpayer Identification Number (TIN) of the Proprietor or Proprietress.
- (ii) Please provide First Name, Middle Name and Surname of the Proprietor or Proprietress.
- (iii) Provide any Former Forename of Surname of Proprietor or Proprietress
- (iv) State the Date of Birth of the Proprietor or Proprietress in the given format of (dd/mm/yy).
- (v) State the Occupation of the Proprietor or Proprietress.
- (vii) Tick appropriate Gender and Marital Status of the Proprietor or Proprietress

### Section D:

#### Residential Address of Person Registering

- (i) State House/Build/Flat (Name or House No. etc.,) LandMark of Building (LMB) in which the applicant is residing.
- (ii) State the Street in which the Applicant is residing
- (iii) State the City in which the Applicant is residing
- (iv) State the P.O. Box, Private Mail Bag (PMB/Door To Door) (DTD) in which the applicant is residing
- (v) State the District in which the Applicant is residing.
- (vi) State the Region in which the Applicant is residing.

### Section E:

#### Other Places of Business

Each of the three addresses of this section should be filled in line with the following guidelines:

- (i) State House/Building/Flat (Name or House No. etc.) LMB where branch of your business is situated.
- (ii) State the Street where branch of the business is situated.
- (iii) State City where branch of the business is situated.
- (iv) State P. O. Box, Private Mail Bag (PMB/Door To Door) (DTD) where branch of the business is situated.
- (v) State the District where branch of the business is situated.
- (iv) State the Region where branch of the business is situated.

### Section F

#### Postal Address

- (i) specifically indicate the C/O against a specific person or company is applicable.
- (ii) State the Postal Type by ticking ( ) the appropriate column from the options provided.
- (iii) State the complete Postal number including Prefix and Number in which the business is situated
- (iv) State the Town in which the business is situated.
- (v) State the City which the business is situated.
- (vi) State the Region in which the business is situated.

#### Section G

##### Contacts

- (i) One Mobile Number of the applicant is mandatory
- (ii) Please provide Phone No., Fax, Email Address and Website where applicable.

#### Section H:

##### SME Details

Please provide the Total Number of Employees and Revenue Envisage for your business in the spaces provided.

#### Section I:

##### Declaration

- (i) Provide the Full Name of the Applicant.
- (ii) Provide Signature of the Applicant and date.

#### Section J:

##### PLEASE FILL WHERE APPLICANT CANNOT READ OR WRITE

- (i) Provide the Full Name of the Witness
- (ii) State the Residential Address of the Witness.
- (iii) Provide the Language in which the content of the form is read over by the witness (for illiterate Applicants.)
- (iv) A person who is literates should endorse the Thumb Print of the Applicant who is illiterate.

## NOTES

This Form must be signed by any director or secretary of the parent company and sent by post to the Registrar of Business Name, P. O. Box 118, Accra, be electronically delivered or hand delivered to the Offices of the Registrar-General's Department within twenty eight days after any change in any of the particulars registered.

Where the company defaults in deliver to the Registrar the required statement of any change in the particulars registered within twenty eight days of the change, the company and every director of the company who is in default is liable to a fine of one hundred penalty units for each day during which the default continues.

A person who willfully makes a false statement on this document and knows it to be false commits an offence and is liable on conviction to imprisonment for a term of not more than six months or to a fine of not more than two hundred penalty units or to both the imprisonment and the fine.

## INSTRUCTIONS TO FILL IN REGISTRATION OF SUBSIDIARY BUSINESS NAME FORM

### Section A:

- (i) Business Name: State the full name of the Subsidiary Business Name.
- (ii) Corporate Name: Write the complete corporate name.
- (iii) Registration Number of Parent Company
- (iv) TIN of Parent Company: indicate the accurate TIN of parent company.
- (v) General Nature of Business: Please tick ( ) the appropriate column/columns applicable to your line of business

(vi) Principal Activity: Out of the above classification selected by you, kindly provide your principal business activity.

(vii) Date of Commencement: Write the commencement date of the Subsidiary Business Name in the given format of (dd/mm/yy). The Subsidiary Business Name must have commenced within fourteen days before registration.

#### Section B:

##### Principal Place of Business

(i) State the House/Building/Flat (Name or House No. etc.) LandMark of Building (LMB) in which the business is situated.

(ii) State the Street name or number in which the business is situated.

(iii) State the City in which the business is situated.

(iv) State the District in which the business is situated

(v) State the Region in which the business is situated.

(vi) P.O. Box/PMB/DTD,-of Principal Place of Business.

#### Section C:

##### Registered Address

(i) State House/Building/Flat (Name or House No. etc.) LandMark of Building (LMB) in which the business is situated.

(ii) State the Street name or number in which the business is situated.

(iii) State the City in which the Business is situated.

(iv) State the District in which the Business is situated.

(v) State the Region in which the business is situated.

(vi) Please state the P.O. Box/PMB/DTD, if different from above.

#### Section D

##### Other Business Places

Each of the two addresses of this section should be filled in line with the following guidelines:

(i) 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 the branch of the business is situated.

(iii) State the City where the branch of the business is situated.

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

#### Section E:

##### Postal Address

- (i) Specifically mention the C/O against a specific person/company.
- (ii) State the Postal Type by ticking ( ) the appropriate column from options provided.
- (iii) State the complete Postal Number including Prefix and Number in which the business is situated.
- (iv) State the Town in which the business is situated.
- (v) State the City in which the business is situated.
- (vi) State the Region in which the business is situated.

#### Section F:

##### Contacts

- (i) Mobile Number of the business office is mandatory.
- (ii) Please provide Phone Number, Fax, Email and Website of the business.

#### Section G:

##### SME DETAILS

Please provide the Total Number of Employees and Revenue Envisaged for your business in the spaces provided.

#### Section H:

##### Declaration

The declaration section is to be signed by the person registering the Subsidiary Business Name.

- (i) Provide the Date in the specified format.
- (ii) Provide the Name of the Person Signing the Declaration.
- (iii) Provide the Stamp/Seal of the Parent Company.
- (iv) Provide the Signature of Director or Secretary.
- (v) Provide TIN of Director or Secretary Representing Company.

For Official Use Only

Date of Submission of Document:

dd/mm/yyyy

Transaction ID Number Allocated:

International Standard Industrial Classification (SIC) Code:

Office Description: -----

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

#### NOTES

This Form must be signed by the individual and sent by post to the Registrar of Business Names, P. O. Box 118, Accra, be electronically delivered or hand delivered to the Offices of the Registrar-General's Department within twenty eight days after any change in any of the particulars registered.

Where the company defaults in delivering to the Registrar with the required statement of any change in the Particulars registered within twenty eight days of the change, the company and every director of the company who is in default is liable to a fine of one hundred penalty units for each day that the default continues.

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## INSTRUCTIONS TO FILL IN ANNUAL RENEWAL NOTICE OF REGISTRATION FORM

(\*) Mandatory Fields

### Section A:

- (i) **Subsidiary Business Name:** State the full name of the Subsidiary Business Name.
- (ii) **Corporate Name:** State the full Corporate Name of the Parent Company.
- (iii) **Corporate Number:** Provide clearly the corporate number of the Parent Company.
- (iv) **Corporate TIN:** Provide the accurate Taxpayer Identification Number (TIN) of your Company which is the same for the Subsidiary Business Name.
- (v) **Renewal for the Year:** Clearly provide the year of renewal for your business.

### Section B:

#### Declaration

- (i) Provide the Full Name of the Business which is going to be renewed.
- (ii) Clearly state the Year for which renewal is requested.
- (iii) State the Date in the space provided in the format of (DD/MM/YYYY).
- (iv) Provide the Signature in the space provided.

(1.4)

Declaration

(for Transferee who cannot read or write)

N/B: I \_\_\_\_\_ of \_\_\_\_\_ (address hereby declare that I have read over the contents of this document to the Applicant in the \_\_\_\_\_ language and the Applicant appeared to understand same before thumb printing. THUMP  
PRINT OF THE APPLICANT (TRANSFEREE)

\_\_\_\_\_  
(Signature) Date:

d d / m m / y y y y

\_\_\_\_\_  
NAME AND SIGNATURE OF PERSON REGISTERING Date:

d d / m m / y y y y

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JOSEPH KOFI HARLLEY

Registrar

Date of Gazette Notification: 18th December, 2014.

Entry into force: 5th March, 2015