



THE REGISTRAR-GENERAL'S DEPARTMENT

THE REGISTRATION OF BUSINESS NAMES ACT, 1962 (NO. 151) (Form A)

BUSINESS RE-REGISTRATION – SOLE PROPRIETORSHIP

INSTRUCTIONS: COMPLETE FORM WITH BLACK INK AND IN BLOCK LETTERS

PLEASE SPELL OUT ALL WORDS –NO ABBREVIATIONS

**INDICATES MANDATORY FIELD*

(A)																									
*Old Registration No.																									
*Old TIN																									
*Current Tax Office																									
*Old Start Date																									
*Old Date of Registration																									
*Business 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:																									
*P.O. Box:																									
PMB/DTD:																									
*District:																									

*Region:																				
(C) Owner Information																				
*TIN:																				
First Name:																				
Middle Name:																				
Surname:																				
Any Former Forename/Surname:																				
First Name:																				
Middle Name:																				
Surname:																				
Date of Birth:																				
Occupation:																				
Nationality:																				
Gender: (please tick appropriate box)																				
		Male			Female					Marital Status:		Married			Unmarried					

(D) Residential Address of Person Registering																				
*House/Building/ Flat (Name or House No etc.)/LMB:																				
*Street:																				
*City:																				
*District:																				
*Region:																				

(E) 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:																				

(F) Postal Address

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

(G) Contacts

Phone No:																				
*Mobile No:																				
Fax:																				

Email:																					
Website:																					

(H) SME Details

No. Of Employees Envisaged:									
Revenue Envisaged:									

(I) Declaration

<p>I, _____ <i>(Full name of Applicant)</i></p> <p style="text-align: center;">Declare that the information given above is correct and complete.</p> <p style="text-align: center;">_____</p> <p>SIGNATURE DATE ___/___/____ (DD/MM/YYYY)</p> <p><u>J. PLEASE FILL WHERE APPLICANT CANNOT READ OR WRITE</u></p> <p><i>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</i></p> <p>_____ DATE ___/___/____ (DD/MM/YYYY) <i>(Signature)</i></p>	RIGHT THUMB PRINT
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For Official Use Only

Document Registration Date:										(dd/mm/yy)
Registration No. Allotted:										
Office Description:										

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

NOTES

This Form must be signed by the Applicant and sent by post, e-mail or electronically delivered to the Registrar of Business Names, P. O. Box 118, Accra, within 28 days after any change in any of the particulars registered. If the applicant cannot read/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 applicant 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 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 false information signed by any applicant knowingly will entail liability and 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 IN SOLE PROPRIETORSHIP FORM

Section A:

- (i) **Old Registration No.:** provide here accurate Old Registration Number.
- (ii) **Old TIN. :** provide here accurate Old Tax Identification Number (of Owner)
- (iii) **Current Tax Office:** provide here the location of the tax office the Owner is registered with (list available)
- (iv) **Old Start Date:** Old Start Date
- (v) **Old Date of Registration:** Old Date of Registration
- (vi) **Business Name:** Here state the full name of the business (Name cannot imply ownership of more than 2 people for eg. &, and etc)
- (vii) **General Nature of Business:** please tick (✓) the appropriate column/columns applicable to your line of business
- (viii) **Principal Activity:** Out of the above classification selected by you, kindly mention you principal business activity here.
- (ix) **Date of Commencement:** Write here the commencements date of your business in the given format of (dd/mm/yy). The business must have commenced within 14 days before registration.

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:

Owner Information

- (i) Provide here accurate **Taxpayer identification Number (TIN)** of the Owner.
- (ii) Please provide **First Name, Middle Name and Surname** of the Owner.
- (iii) State here the **Date of Birth** of the Owner in the given format of (dd/mm/yy).
- (iv) State here the **Occupation** of the Owner
- (v) Please tick the appropriate box to indicate the Owner's **Gender** (Male or Female) and **Marital Status** (Married or Unmarried)
- (vi) Please state **nationality** which must at all times be Ghanaian

Section D:

Residential Address of Person Registering

- (i) Here state **House/Building/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 **City** in which the applicant is residing.
- (iv) State **Private Mail Bag (PMB)/Door To Door (DTD)** in which the applicant is residing.
- (v) State **District** in which the applicant is residing.

- (vi) State **Region** in which the applicant is residing.

Section E:

Other Business Places

Each of the three 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 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(DDT)** 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 F:

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 G:

Contacts

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

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:

Declaration

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

Section J – To be filled by a Witness where Applicant cannot read or write.

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