



REGISTRATION OF BUSINESS NAMES ACT, 1962 (Act 151)

REGISTRATION OF BUSINESS NAME - SOLE PROPRIETORSHIP



REGISTRATION OF BUSINESS NAMES ACT, 1962 (ACT 151)
REGISTRATION OF BUSINESS NAME - SOLE PROPRIETORSHIP
 (Section 2)

FORM A

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

(A)																			
*Business Name:																			
*General Nature of Business:	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:																			
Date of Commencement:																			
(B) Business Address Information																			
Principal Place of Business																			
*House/Building/Flat (Name or House No. etc.) /LMB:																			
*Street:																			
*City:																			
*District:																			
*Region:																			
(C) Proprietor/Proprietress																			
*TIN																			
*First Name:																			
Middle Name:																			

*Surname:																				
Any Former Forename or Surname:																				
Date of Birth:																				
Occupation:																				
Nationality:																				
Gender: <i>(please tick appropriate box)</i>		Male		Female		Marital Status:		Married		Unmarried										
(D) Residential Address of Proprietor or Proprietress																				
*House/Building/Flat (Name or House No. etc.) /LMB:																				
*Street:																				
*City:																				
*District:																				
*Region:																				
(E) Other Place(s) of Business																				
Address:																				
*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: (Tick as applicable)																				
*Postal Number:																				
*Town:																				
*City:																				

*Region:																				
(G) Contact																				
Phone No:																				
*Mobile No:																				
Fax:																				
E-mail Address:																				
Website:																				

(H) SME Details																				
No. of Employees Envisaged																				
Revenue Envisaged																				

(I) Declaration																																															
I,..... <i>(Full name of Applicant)</i>										declare that the information given is correct and complete.																																					
..... Signature										Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td>d</td><td>d</td><td>/</td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td>m</td><td>m</td><td>/</td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>y</td><td>y</td><td>y</td><td>y</td><td></td><td></td></tr></table>														d	d	/						m	m	/								y	y	y	y		
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y	y	y	y																																												

(J) Declaration (for an Applicant 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.															THUMB PRINT OF THE APPLICANT																																
..... <i>(signature)</i>																																															
Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td>d</td><td>d</td><td>/</td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td>m</td><td>m</td><td>/</td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>y</td><td>y</td><td>y</td><td>y</td><td></td><td></td></tr></table>																			d	d	/						m	m	/								y	y	y	y							
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y	y	y	y																																												

<i>For Official Use Only</i>																				
Date of Submission of Document:																				(dd/mm/yyyy)
Transaction ID Number Allocated:																				
International Standard Industrial Classification (ISIC) Code:																				
Office Description:																			

(For instructions as to signing etc., see Notes on subsequent pages)

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.) LandMark of Building (LMB) in which the business is situated.
- (ii) State the Street 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.

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 or Surname of Proprietor or Proprietress.
- (iv) State the Date of Birth of the Proprietor or Proprietress in the given format of (dd/mm/yyyy).
- (v) State the Occupation of the Proprietor or Proprietress.
- (vi) Tick appropriate Gender and Marital Status of the Proprietor or Proprietress.

Section D:

Residential Address of Person Registering

- (i) 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 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.
- (vi) 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 in 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 Envisaged 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 literate should endorse the Thumb Print of the Applicant who is illiterate.