



INCORPORATED PRIVATE PARTNERSHIPS ACT, 1962 (ACT 152)

INCORPORATED PRIVATE PARTNERSHIPS
(REGISTRATION FORM)



INCORPORATED PRIVATE PARTNERSHIPS ACT, 1962 (ACT 152)
 INCORPORATED PRIVATE PARTNERSHIPS, REGISTRATION FORM
 (Section 3)

FORM B

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

(A)															
*Partnership 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:	dd /mm /yyyy														
(B) Business Address Information															
Principal Place of Business															
*House/Building/Flat (Name or House No. etc.) /LMB:															
*Street:															
*City:															
*District:															
*Region:															
(C) Other Place(s) of Business															
*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 (Tick as applicable):			P.O.Box			PMB												DTD	
Postal Number:	Prefix				Number														
Town:																			
*City:																			
*Region:																			
(E) Contacts																			
Phone Number:																			
Mobile Number:																			
Phone Number:																			
Mobile Number:																			
Fax:																			
E-mail Address:																			
Website:																			
(F) Partner(s) Details Note: It is mandatory to have a minimum of two Partners and up to a maximum of twenty partners. In case of more than two Partners, use Supplementary Form.																			
Partner 1:																			
TIN:																			
*First Name:																			
*Middle Name:																			
*Surname:																			
Any Former Firm name:																			
Date of Birth:																			
Nationality:																			
*House/Building/Flat (Name or House No. etc.) /LMB:																			

*Street:																			
*City:																			
*District:																			
*Region:																			
P. O. Box:																			
PMB/DTD:																			
Mobile Number 1:																			
Mobile Number 2:																			
E-mail Address:																			
Occupation:																			
Partner 2:																			
TIN:																			
*First Name:																			
*Middle Name:																			
*Surname:																			
Any Former Forename or Surname:																			
Date of Birth:																			dd / mm / yyyy
Nationality:																			
*House/Building/Flat (Name or House No. etc.) /LMB:																			
*Street:																			
*City:																			
*District:																			
*Region:																			
P. O. Box:																			
PMB/ DTD:																			
Mobile Number 1:																			
Mobile Number 2:																			
E-mail Address:																			
Occupation:																			

(G) Particulars of Charges on Partnership Assets

Description of Asset:																				
Date of creation:																				
Amount of the charge:																				

(H) SME Details

No. of Employees Envisaged:																				
Revenue Envisaged:																				

(I) Partners' Signature:

(Signature/Electronic Signature–Partner 1) (Signature/Electronic Signature–Partner 2)

Date: / /

d d / m m / y y y y

(J) Declaration (for a Partner who cannot read or write)

N/B: I..... of..... (address) hereby declare that I have read over the contents of this document to the Partner in the language and the Partner appeared to understand same before thumb printing.

THUMB PRINT OF THE PARTNER

.....
(signature)

Date: / /

d d / m m / y y y y

Declaration
(for a Partner who cannot read or write).

N/B: I of(address) hereby declare that I have read over the contents of this document to the Partner in the language and the Partner appeared to understand same before thumb printing.

THUMB PRINT
OF THE
PARTNER

.....
(signature)

Date:

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 /

--	--

 /

--	--	--	--

d d / m m / y y y y

For Official Use Only

Date of Submission of Document:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									(dd/mm/yyyy)		
Transaction ID Number Allocated:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
International Standard Industrial Classification (ISIC) Code:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
Office Description:											

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

NOTES

This Form must be signed by the Partners and sent by post to the Registrar of Partnerships, 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 a Partner cannot sign, his or her mark must be affixed and witnessed. The name and address of witness must be stated.

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 give an adequate description of the principal place of business.

Where the Partnership defaults in delivering to the Registrar the required statement of any change in the particulars registered within twenty eight days of the change, a partner of the Firm is liable to a fine of not more than twenty-five penalty units for each day during which the default continues.

Where there is an error or omission in this document, a partner of the Firm is liable to a fine of not more than two hundred and fifty penalty units.

INSTRUCTIONS TO FILL INCORPORATED PRIVATE PARTNERSHIPS, REGISTRATION FORM

Section A:

- (i) Partnership Name: State the full name of the partnership
- (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 indicate your principal/major business activity.
- (iv) Date of Commencement: State the commencement date of your business in the given format (dd/mm/yyyy). 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 City in which the business is situated.
- (iv) State District in which the business is situated.
- (v) State Region in which the business is situated.

Section C:

Other Business Places

Each of the two addresses of this section should be filled in under 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 branch of the business is situated.
- (iii) State the City where branch of the business is situated.
- (iv) State the 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 D:

Postal Address

- (i) Specifically mention the C/O against a specific person or company is applicable.
- (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 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 provide them.

Section F:

Partner's Details

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

- (i) Please provide the TIN (Taxpayer Identification Number) of the partner.
- (ii) Please 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) State the Nationality of the partner. If the partner has changed his/her nationality through naturalization, etc., state the nationality at birth.
- (v) Please provide the Mobile Number and E-mail Address of the partner.
- (vi) State Occupation of Partner

Section G:

Particulars of Charges on Partnership Assets

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

Section H:

SME Details

In this section, you have to indicate information regarding Total Number of Employees of and Revenue Envisaged for your business in the spaces provided.

Section I:

Partners' Signatures

Provide the Signature or Electronic Signature of all partners (if literate).

Section J:

Declaration

- (i) Provide the Full Name of the Witness.
- (ii) State the Residential Address of the witness.
- (iii) State the Language in which the content of the form is read over by the witness for illiterate partner or partners.