



REGISTRATION OF BUSINESS NAMES ACT, 1962 (Act 151)

REGISTRATION OF SUBSIDIARY BUSINESS NAME



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FORM C

(Section 2)

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

Subsidiary Business Name:																		
Corporate Name (Parent Company):																		
Registration No of Parent Company:																		
TIN of Parent Company:																		
* 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:																		

(F) Contacts																															
Phone No.:																															
Mobile No.:																															
Fax:																															
E-mail Address:																															
Website:																															
(G) SME Details																															
No. of Employees Envisaged:																															
Revenue Envisaged:																															
(H) Declaration																															
Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <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> <tr><td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>																						d	d	/	m	m	/	y	y	y	y
d	d	/	m	m	/	y	y	y	y																						
..... (Name of Person Signing, Stamp / Seal of the parent Company									 (Signature of Director/Secretary)																					
TIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <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><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>																															
For Official Use Only																															
Date of Submission of Document:										dd/mm/yyyy																					
Transaction ID Number Allocated:																															
International Standard Industrial Classification Code (ISIC):																															
Office Description:																														
(For instructions as to signing etc. see Notes on subsequent pages)																															

NOTES

This Form must be signed by any director or secretary of the parent company 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 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/yyyy). 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 Company 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.
- (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 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.