ALIEN ENTERPRISES LICENSING REGULATIONS, 1970 (LI 670).

1

IN exercise of the powers conferred on the Minister responsible for Economic Planning by section 26 (1) of the Ghanaian Business (Promotion) Act, 1970 (Act 334), these Regulations are hereby made this 3rd day of December, 1970.

Regulation 1—Restriction on Foreign Sales Agents.

A non-Ghanaian or alien enterprise shall not carry on business as an agent for the sale or promotion of the sale of any product or group of products of any principal not resident in Ghana unless such non-Ghanaian or alien enterprise is licensed by the Minister in accordance with these Regulations.

Regulation 2—Restriction on Use of Taxis and Commercial Vehicles.

Any person applying for the registration or licensing of a motor vehicle to be used as a taxi, or for purposes of commercial transportation, shall produce to the appropriate licensing authority at the time of making the application such evidence as the licensing authority may require—

- (a) that the owner of the vehicle, if an individual, is a citizen of Ghana; of
- (b) that the owner of the vehicle, if a company, partnership or group of persons, is not an alien enterprise.

Regulation 3—Licences For non-Ghanaian Business.

- (1) A application for licences under sections 17 (1) and 31 (2) of the Act or under regulation 1 of these Regulations shall be on the appropriate forms specified in the Schedule to these Regulations.
- (2) A fee of N¢20.00 shall be payable in respect of the issue of every licence or copy thereof.
- (3) All fees in respect of licences shall be paid prior to the issue of such licences
- (4) A licence shall be issued so as to expire on the 31st day of December in the year in which it is issued.

Regulation 4—Effect of Licences.

- (1) A licence shall be specify the premises at which the licence may conduct his business.
- (2) The effect of a licence shall be to license the licensee to conduct a business of the kind specified in the licence and at the premises specified in the licence.
- (3) A licence shall not entitle the holder to open a new branch of the business or transfer the business from one premises to another without the prior approval in writing of the Minister.

Regulation 5—Display of Licence.

The holder of a licence shall ensure that the current licence is at all times conspicuously displayed in or on the premises in respect of which the licence is granted.

Regulation 6—Issue of Duplicate Licence.

A duplicate licence may be issued to a licence, subject to the payment of a fee of $N\phi 20.00$, provided that the Minister is satisfied that the original licence is valid and still in force but has been accidentally lost, destroyed or defaced.

Regulation 7—Application for Renewal.

An application to renew a licence shall be made not later than thirty days before the expiry of the current licence.

Regulation 8—Method of Making Application.

Application for licences may be submitted either through the offices of the appropriate District or Regional Administrative Officers or directly to:—

The Chief Executive Office of Business Promotion, 13 Tunisia Road, P.O. Box M.189, Accra.

Regulation 9—Licences for Manufacturers.

- (1) No non-Ghanaian manufacturer shall be licensed under section 31 (2) of the Act to operate trading outlets which were not in existence prior to 1st August, 1970, unless the Minister is satisfied that the granting of such licence will not be detrimental to Ghanaian business.
- (2) Licences issued in respect of trading outlets which were not in existence prior to 1st August, 1970, may be withdrawn at any time subsequently where the Minister is satisfied that the continued operation of such trading outlets will be detrimental to Ghanaian business.

Regulation 10—Offences

- (1) Any person who—
 - (a) fails to display his licence as required by regulation 5; or
 - (b) wilfully destroys or defaces or causes his licence to be damaged in any way, shall be guilty of an offence and liable on conviction to a fine not exceeding two hundred new cedis.
- (2) Where a person is convicted of an offence under this regulation the Minister shall withdraw his licence.

SCHEDULE

Form T1

GHANAIAN BUSINESS (PROMOTION) ACT, 1970 (ACT 334)

APPLICATION FOR A LICENCE UNDER SECTION 17 OF THE ABOVE ACT BY A SOLE PROPRIETORSHIP

GUIDE TO COMPLETION OF THE APPLICATION FORM

- (i) This form must be completed by an individual engaged in business on his own account or by a sole proprietor of a business concern.
- (ii) A separate application must be submitted for each business entity or subsidiary irrespective of the ownership.
- (iii) All entries must be typewritten or clearly printed in ink.
- (iv) Application are advised that it is an offence under the Act to give false information in support of any application.

1.(a) Applicant		Full		Nam	-		of
(b)	ress						Postal
(c)						1	Telephone
(d)	Present	·····			Country	of	Origin
	Domicile		not	а	resi	dent	of

	Ghana)						•••••					
(f)]		hanaian resic	_	-		_		•				
			•••••	••••••	•••••	•••••	•••••	•••••	•••••		•••••	•••••
2. Name	2						(a)				Busi	iness
(b)	Address											ostal
(c)	No										Telep	hone
	-	siness regist			-							
(b)			State				_	istration				No
Da	ate				of					R	egistr	ation
4. (a)	State gene	eral nature of	business	s carried o	on (retail	or whol	lesale)	and give	product	lines har		
(b)		wholesal			•		Nı	umber	Sales	Ta	X	Act
(c)		retailer,		_			ber	under	Sale	s Ta	ax	Act
(d)	If both	wholesale	er and	retailer			tion	Number	under	Sales	Tax	Act
(e)	If registere	ed importer,	state cate	gory and								
		or of locally		tured pro	ducts, gi	ve name	and a	address of	manufac	turer		
		orincipal plac										
(a)	Location of	of shops(s):—	_									
P.	lot/House	1	No 							Str	eet/Ma	arket
_	own Legion					Dist	rict			•••••		
D	D ate	business		comm			on 	p	remises		spec	cified
(b)		of Head Offic										
P	lot/House		No.							Str	eet/Ma	arket

	Tov	wn					District				•••••				Re	gion
	Dat	te	busi	ness		con	nmence		in			premises			spec	ified
6.		ate Nun	nber	and	date	of				lic	ence	held	unde	r 1	the	Act
7.	Does	s the currer	nt licen	ce aut	horise y	ou to	do bus	iness i	n all the	premi	ses sp	pecified in	this a	ppli	catio	n?
	If	not,		indic	cate		those		not	C	overe		 by		lic	ence
su	State bmitt	the last ta	x year	for wh	nich inc	ome t	ax retui	ns we	re							
	(a) A:	the follow nnual Sale	s					·								
		alue of totad):	•				•	•								
		mount of c	_													
		ixed Capita														
	(e)				Inco					Та						Paid
	(f)						Prof							R	epatri	iated
10		Total Num		_	•											
		umber of (
	(c)		Nu	mber			of		N	on-Gl	hanai	ans			empl	oyed
	(i)					•••••					•••			Non	-Afri	cans
	(ii)		••••••	••••••	••••••	••••••	•••••		••••••	•••••	•••••			•••••		cans
	(d)	Number	of	appro	ved i										inclu	ded)
	(i)	Number		imı	migratio		-	fille	d (spec	cify	if	proprieto	or i	S	inclu	ded)
	(ii)	••••••		umber		••••••	of		quo	ta		not			f	ïlled
	• • • • •									• • • • • • • •						

	e you submit If not, a		-	eports on	your	Training Prog	gramme for	the cu	ırrent year?
•			-	•		give in suppo	•	plicatio	n
I certif		iculars state	d herein a			my knowledge		true and	l accurate.
	e of Applicant								
				Forn	1 T2				
	GH	ANAIAN E	BUSINES	S (PROM	OITO	N) ACT, 1970) (ACT 334	I)	
Al	PPLICATION	N FOR A L	ICENCE	UNDER PARTNI		ION 17 OF T	HE ABOV	E ACT	BY A
(i) This f	form must be o					HE APPLICA any partner o		ess.	
own	parate applica ership. entries must be					iness entity of	f subsidiary	irrespe	ctive of the
	licants are advication.	vised that it	is an offe	ence under	r the A	ct to give false	e informatio	on in su	pport of any
1.	(a)					Partner	making		application
(b)				Posta	1				Address
(c)				Telep	hone				No.
(d)		ent	Natio	nality					of
(e)	Domicil		if	not	a	reside	ent	of	Ghana)
	non-Ghanaia		•		•	ion authorisati	ion for entr	y and re	sidence in
2.	((a)	Name			Partnership	O	f	Business
(b)				Postal					Address
(c)				Teleph	none				No.
						ate Partnership			52)?

(b)		State				Registration					No.
Date					of					Regist	ration
	State ger	neral nature o	f busine	ss carried	on (i.e.	retail or whol	esale) and	l give p	roduct li	ines hand	lled
(b)	If v		state	Registr		Number				Tax	Act
		retailer,		_		Number	under	S	ales	Tax	Act
		wholesale		retailer	state	Registration	Number	r unde	er Sale	es Tax	Act
(e)		registe		_		state	catego	ry	and	nı	ımber
	distributo	or of locally n	nanufac	tured prod	lucts, gi	ve name and a			cturer		
5. Giv		lowing partic						i	•	*Citize	nchin
Capit	al ribution	Name				Nationality					etails
(i)					••						
(ii)					•••			•••••			
(iii)			•••••							•••••	
(iv)		•••••	•••••								
(v)						•••••					
(vi)											
(vii)											
(viii)											
(ix)											
(x)											
(xi)											
(xii)											
(xiii)											
(xiv)					••••						
(xv)											
(xvi)											
(xvii)											
(xviii)				••••						

(xix)				•••••					
(xx)						••••			
*If G	hanaian citizen	state whet	her by:						
	Birth		·						
(b)	Naturalization	(give Certi	ficate Number a	and date)					
(c)	Registration (g	ive Registr	ation Number a	nd date).					
	licate the principocation of shop		of business as fo	ollows:—	_				
Plo	ot/House No			S	Street/Ma	ırket			
To	own		. District		F	Region			
	nte business con ocation of Head		n premises spec	ified					
P	lot/House No.				. Street/I	Market			
T	own		District			Reg	gion		
			in premises specess (specify):—	cified		•••••			•••••
P	lot/House No.			Street/Ma	arket				
T	own		District		Reg	ion			
D	ate business co	ommenced	in premises spe	cified					
7. Sta	te number and	date of issu	e of current lice	ence held	l under tl	he Act			
			orise you to do If not			•	•		
	•		were submitted ars in respect of					•••••	
(a)	Annual Sales (N¢						.)	
(b) peri			al imports	for	the	last	calendar	year	(specify
Am	ount of capital	invested							
(d) Cap	oital		ixed		Cap	oital			Working
(e)	Income Tax p	aid							
(Pro	ofits Repatriate	ed)							
11. (a) Total number	r of employ	ees						
(b) emp	oloyed		Number			of			Ghanaian
(c)		N	Jumber		(of		non-	Ghanaians

(i) Non	-Africans							
 (d)				immigration	quota	(specify	if	partner(s)
(i)	ed) Number r(s)included).	of	immi	gration	quota	filled	(specify	y if
(ii) filled		Number		of		quota		not
	e you submitte ot, attach the r		sary reports	s on your Trai	ning Program	nme for the cu	rrent year	r?
app I certify	lication	culars stated		olicant wishes he best knowl		-	 ccurate.	
Signatur	e of Partner							
				Form T3				
	GH	IANAIAN I	BUSINESS	(PROMOTI	ON) ACT, 19	970 (ACT 33	4)	
APPLI(CATION FO			R SECTION DER THE C			T BY A l	LICENCE
	\mathbf{G}^{\dagger}	UIDE TO (COMPLET	ION OF THI	E APPLICA	TION FORM	I	
	form must be pany.	e completed	d in respec	t of the Comp	pany by the	Secretary or	any Dire	ctor of the
own	ership.			ed for each but printed in ink	·	or subsidiary	y irrespec	tive of the
	olicants are action.	lvised that i	it is an offe	ence under the	Act give fa	lse informatio	on in supp	port of any
1. (a)	Name of Con	npany						
(b) Pos	tal Address	•••••				•••••		
(c) Tele	ephone No							
2. Code	(a)		Registra	tion 	Number 	under	(Companies
(b) Dat	e of Registrat	ion						
(c) Stat	te whether pri	vate or publ	ic company		•••••		•••••	
(d) State	whether regis	stered as ext	ternal Comp	oany under sec	tion 302 of C	Companies		

(Code									
	_					il or wholesale			nes	
(b) Sales		wholesa	•			istration	Number	un	der	the
(c) Act	If	retailer,		_		Number	under Sales		ales	Tax
(d) Act		wholesale		retailer	state	Registration	Number	under	Sales	Tax
(e) If	registered	importer, sta	te categoi	y and Nu	mber					
n	nanufactur	-				ame and addre				
ii*Cit	izenship									
Detai	:10	Name				Domicile			Natio	nality
(i)										
(ii)										
(iii)										
(iv)										
(v)										
(vi)										
(vii)										
(viii)										
(ix)										
(x) 5. I	ndicate the		ce(s) of b					•••••		
		n of shop(s)	, ,							
Ì	Plot/Ho	ouse No			S	treet/Market				
*If G	hanaian ci	tizen state wh	ether by:							
	Birth		•							
(b)	Naturaliza	ntion (give Ce	rtificate N	Number ar	nd date)					
		on (give Regi								
Tow	/n		Distri	ct		Re	gion			
		commenced i Head Office:		es specifie	d			•••••		
Plot	/House No	·			Street Ma	arket				

Town	1	District	Regi	ion	
State	business comme	enced in premises	specified		
6. St	ate number and o	date of issue of cu	rrent licence held u	nder the Act	
7. Doe	es the current lice	ence authorize yo	u to do business in a	all the premises spec	ified in this application?
8. (a)	State the capita	l of the Company			
(i) Au	thorized Share C	Capital			
(ii) Sh	are Capital issu	ıed			
(iii) St	ated Capital				
		•	held by Ghanaians ne 10 largest shareho		
A				Category of	No. of shares
Amou	nt oi Nam	ne	Nationality	Shares	held Capital
Capita (i)					
(ii)					
(iii)					
(iv)					
(v)					
(vi)					
(vii)					
(viii)					
(ix)					
(x)					
10. Gi	ve the following	particulars in res	ax returns were supect of the tax year	stated in (7):)
(b) Va	lue of total impo	orts for the last ca	lendar year(specify]	period)	
(c) Fix	ced Capital		Working Capital		
(d) Pro	ofits before tax				
(e) Inc	ome Tax paid				
(f) Div	vidends paid				
(g) Pro	ofits repatriated				
(h) Pro	ofits retained				
11. (a)	Total number o	f employees			
(b) Nu	mber of Ghanai	an employed			

(c) Number of non-Ghanaians employed
(i) Non-Africans.
(ii) Africans
(d) Number of approved immigration quota
(i) Number of immigration quota filled
(ii) Number of quota not filled
12. Has your company submitted the necessary reports on your Training Programme for the current year? If not, attach the reports.
13. Any additional information which the applicant wishes to give support of this application
I certify that the particulars stated herein are to the best of my knowledge and belief true and accurate.
Date
Director/Secretary.
Form M1
GHANAIAN BUSINESS (PROMOTION) ACT, 1970 (ACT 334)
APPLICATION FOR A LICENCE UNDER SECTION 31 (2) OF THE ABOVE ACT BY A SOLE PROPRIETORSHIP
GUIDE TO COMPLETION OF THE APPLICATION FORM
(i) This form must be completed by an individual engaged in business on his own account or by a solo proprietor of business concern
(ii) A separate application must be submitted for each business entity or subsidiary irrespective of the ownership(iii) All entries must be typewritten or clearly printed in ink.
(iv) Application are advised that it is an offence under the Act to give false information in support of any application.
1. (a) Full Name of Applicant
(b) Postal Address
(c) Telephone No
(d) Present NationalityCountry of Origin
(e) Domicile (if not a resident of Ghana)
(f) If a non-Ghanaian resident, give particulars of immigration authorisation for entry and residence in Ghana
2. (a) Business
(b) Postal Address
(c) Telephone No
3. (a) Is your business registered under the Registration of Business Names Act. 1962 (Act 151)?
(b) State Registration No Date of Registration

(c) Give date and reference of industries									
(Attach copy of approval lett								•••••	
(d) Give date and	reference				any	other	Ministry	or	Agency
4. State general natur		isiness c	carried	on	and	give	product	lines	handled
5. Indicate the proportion of following channels:(a) direct wholesaling to independ on the following channels:					eted d	uring th	ne current	year th	rough the
(i) Ex factory									
(ii) Form warehouses outside	e factory								
(b) direct retailing through o	wn shops								
(c) direct retailing by own sa	les force								
6. (a) Through how many current year?	_						-	ducts d	uring the
(b) How many			who	lesale	rs/distr	ributors	are	G	hanaiansʻ
(c) Attach a list (giving the revolume of business with7. Indicate the principal place(a) Location of retail shop(s)	you. es of busine			salers	/distrib	outors co	ounted in 6	(a) acc	ording to
Plot/House No		Str	eet/Mar	ket					
Town	District			F	Region				
Date business commenced in (b) Location of Head Office:		pecified		••••••	•••••				
Plot/House No		Stre	eet/Marl	cet					
Town	Distric	t		F	Region				
Date business commenced in (c) Location of Factory:	premises s	pecified				•••••	•••••		
Plot/House No		Stre	eet/Marl	ket					
Town	Distric	t		F	Region				
Date production commenced (d) Location of Warehouse(s		•••••							•••••
Plot/House No		Stre	eet/Marl	cet					
Town	Distric	t		F	Region				
Date business commenced in (e) Any other place(s) of bus	•	•		•••••	••••••				••••••
Plot/House No		Stre	eet/Marl	cet					

Town	District	Region
Date business commenced in pre-	mises specified	
8. State number and date of issue	licence held under the Act .	
9. Does the current licence aut specified in this application? .		manufactured by you in all the premises
If not, indicate those not covered		
10. State the last tax year for which11. Give the following particulars		ubmittedted in (10):
(a) Value of production during th	e year	
(b) Value of locals sales		
(c) Value of exports (if any)		
(d) Value of imported raw materi	als	
(e) Value of local raw materials .		
(f) Fixed capital	Working Capital	
(g) Profits before tax		
(h) Income Tax paid		
(i) Profits repatriated		
(j) Total Wages and Salaries paid	l	
(k) Allowance for depreciation du	uring year	
12. (a) Total Number of Employe	ees	
(b) Number of Ghanaians employ	ved	
(c) Number of non-Ghanaians em	nployed	
(i) Non-Africans		
(ii) Africans		
(d) Number of approved immigra	ation quota (specify if proprie	tor is included)
(i) Number of immigration quota	filled (specify if proprietor is	included)
13. Have you submitted the neces		g Programme for the current year? eports.
14. Any additional information w		give in support of this application
I certify that the particulars stated		knowledge and belief true and accurate.
		Signature of Applicant

Form M2

GHANAIAN BUSINESS (PROMOTION) ACT, 1970 (ACT 334)

APPLICATION FOR A LICENCE UNDER SECTION 31(2) OF THE ABOVE ACT BY A PARTNERSHIP

GUIDE TO COMPLETION OF THE APPLICATION FORM

- (i) This form must completed in respect of the business by any partner of the business.
- (ii) A separate application must be submitted for each business entity or subsidiary irrespective of the ownership.
- (iii) All entries must be typewritten or clearly printed in ink.(iv) Application are advised that it is an offence under the Act to give false information in support of any

	application.
1.	(a) Full Name of Partner making application
(b)	Postal Address
(c)	Telephone No.
(d)	Present Nationality Country of Origin
(e)	Domicile (if not a resident of Ghana)
(f)	If a non-Ghanaian resident, give particulars of immigration authorisation for entry and residence in Ghana
2. ((a) Name of Partnership or Business
(b)	Postal Address
(c)	Telephone No.
3. I	Is your business registered under the Incorporated Private Partnerships Act, 1962 (Act 192)?
	State Registration No Date of Registration
(c) (d)	Give date and reference of approval or recognition Ministry responsible for Industries (Attach copy of approval letter on first application for licence) Give date and reference of approval by any other Ministry or Agency
4.	
	Indicate the proportion of your production which was marketed during the current year through the following channels: direct wholesaling to independent wholesalers/distributors:
(i)	Ex-factory
(ii)	From warehouses outside factory
(b)	director retailing through shops
(c)	director retailing by own sales force
6. ((a) Through how many independent wholesalers/distributors did you marketed your product during the

current year?

(b)	How	many	of	these	ese wholesalers/distributors		are	Ghanaian?
to	volume of bu	siness with			of all wholesalers/dis	tributors cou	unted in 6 (a)	according
			•			iii	*(Citizenship
Capita		ame			Nationality			Details
Contri (i)	ibution							
(ii)				•••				
(iii)								
(iv)								
(v)								
(vi)								
(vii)								
(viii)								
(ix)			•••••					••••
(x)								••••
(xi)			•••••			•••••		
(xii)							•••••	····
(xiii)						•••••		
(xiv)				•				
(xv)				••				
(xvi)				•				
(xvii)								
(xviii)								
(xix)				•				
(xx)				••				
	nanaian citize	en state who	ether by:					
	Birth							
		_	tificate Numl					
(c) I	Registration ((give Regis	tration Numb	er and	l date)			
	icate the prin		(s) of busines	s as fo	ollows:			
Plot/H	Iouse No		St	reet/N	larket			
Town			District		Region			

Date	business	commenced	in	premises	specified
	e No				
Town	Dis	trict	Region		
Date	business	commenced	in	premises	specified
	on of Factory:	•••••			
Plot/House	e No	Street/Ma	rket		
Town	Dis	trict	Region		
	on of Warehouse(s):				
Plot/House	e No	Street/Ma	rket		
Town	Dis	trict	Region		
Date	business	commenced	in	premises	specified
	mber and date of issue				
	the current licence au ed in this application?	•	•	• •	the premises
If not, indi	cate those not covered				
	ne last tax year for whi ne following particular				
(a) Value of	of production during th	ne year			
(b) Value	oflocal sales				
(c) Value	of export (if any)				
(d)	Value	of	imported	raw	materials
(e)	Value	of	local	raw	materials
(f) Fixed C	Capital	W	orking Capital		
(g) Profits	before tax				
(h) Income	Tax paid				
(i) Profits	repatriated				
(j)	Total	Wages	and	Salaries	paid
(k)	Allowance	for	depreciation	during	year
	al Number of employe				
(b)	Number	of	Ghai	naians	employed

(c)	Nun	ıber	of	non-Ghana	ians	employed
(ii) Afı	ricans					
` '	* *	immigration quo		. ,		
(i) Nur	mber of immigrati	on quota filled (s _l	pecify if partner(s) included)		
		filled				
	•	the necessary rep. If not, the attach	•	ning Programme	for the current ye	ear?
15. An	y additional infor	mation which the	applicant wishes	to give in suppor	rt of this applicat	ion
I certif	y that the particul	ars stated herein a	are to the best of r	ny knowledge ar	nd belief true and	accurate.
	ure of Partner					
Date	•••••	•••••				
			Form M3			
	GHA	NAIAN BUSINE	ESS (PROMOTI	ON) ACT, 1970	(ACT 334)	
Al		OR A LICENCE PANY REGISTE		, ,		CT BY A
	GUI	DE TO COMPL	ETION OF THE	E APPLICATIO	ON FORM	
	s form must be impany.	completed in resp	pect of the Comp	pany by the Sec	cretary or any D	irector of the
ow	nership.	on must be subm		·	subsidiary irresp	pective of the
	oplicants are advi plication.	sed that it is an o	offence under the	Act to give fals	e information su	pport of any
1. (a) N	Name of Company	y	•••••			
(b)			Postal			Address
2.		Registration		under	Companies	Code
(b)		Date		of		Registration
	State					company

	-	ed as external compan	-		npanies Code	
	ve date and referen	ce of approval or recog	gnition by the M	Ministry respons	sible for indus	tries
(Attac		letter on first applicati				
		ce of approval for reco		•		
		business carried on an			••••••	
4. Ind folio(a) dir	icate the proportio lowing channels: ect wholesaling to	n of your production	which was ma	arketed during t	the current year	-
(i) Ex-	-tactory Fron	n Wa		outs		factory
(b)	direct	retailing	th	rough	own	shops
) direct retailing				sales	force
5. (a) cur	Through how man rent year?	y independent wholes	aler/distributor	did you marke		-
(b)		y of these	wholesa	lers/distributors	s are	Ghanaians?
(c) At to	tach a list (giving the volume of business	nen names and address		alers/distributo	rs counted in 5	(a) according
iv*Citi	zenship		ъ.	•1		NY
Detail	Nan s	ne	Domic	ile		Nationality
(i)						
(ii)						
(iii)						
(iv)						
(v)						
(vi)						
(vii)						
(viii)						
(ix)					•••••	•••••
(x)						

8. State	number a						licence	held	under	the	Act
Date	business			nenced		in	p	remises		spec	cified
Town		Dist	rict	•••••	•••••	Reg	ion	•••••			•••••
(e) Any other	er place(s) of										
Date	business			nenced		in	p	remises		spec	cified
Town		Distri	ct		•••••	Reş	gion	•••••			•••••
	of Warehou		•••••					•			
Date				produc	tion					comme	enced
Town		Di	strict			Regi	on				
Plot/House No		Stree	t/Mark	et							
(c) Location	of Factory:	•••••	• • • • • • • • • • • • • • • • • • • •	•	• • • • • • • • • • • • • • • • • • • •	••••					
Date	business						p	remises		spec	cified
Town		Distric	et			Region	1		•••••		
Plot/House No		Stre	eet/Ma	rket					•••••		
	of Head Off		• • • • • • • • • • • • • • • • • • • •			••••					
Date	business			nenced			p	remises		spec	cified
Town		Distric	et			1	Region				
	NoS	_									
	he principal p of retail sho										
		_									
	llization (give ration (give F										
(a) Birth	lization (give	. Cartificata	Numl	or)							
	n citizen state	e whether by	y:								
*If Ghanaia	n citizen state	e whether by	v:								

spe	cified in this	application	If r	not, indicate those		•	•	iii the pi	remises
10. (a)	State the ca	pital of the comp	oany as i	follows:	_				
Amou	nt				Ca	ategory			Value
1 11110 0				No. of		per			of
per				Shares		Shares			Shares
Shares (i) Au	s thorised capi	tal							Silares
	-								
	tated Capital			•••••					
(b)	What	percentage		shareholding	is	held	by	Gha	naians?
				 10 largest sharehol					
Amou			•	Ü		gory of		No. of	shares
	ľ	Name	Na	ationality	Share	es			held
Capita (i)	ıl 								
(ii)				•••••	•••••		•••••		
(iii)					•••••		•••••		
(iv)	••••••				•••••		•••••		
	••••••				••••••		•••••		
(v)	•••••				••••••		•••••		
(vi)	•••••			•••••	••••••		•••••		
(vii)	•••••			•••••	•••••		•••••		
(viii)				••••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	
(ix) (x)									
11. St	ate the last ta	x year for which	income	e tax returns were	submitted				
		0 1	•		,				
				rking Capital					
		-							
(11) 1110	ome rax pai	ıu	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •

(i) Profits	s repatriated				
(j) Total	wages and salaries paid				
(k)	Allowance		depreciation	during	year
	otal number of employee				
(b)	Number	of		hanaians 	employed
(c)	Number	of		Ghanaians	employed
	Africans				
(ii) Africa	ans				
(d)	Number		11	immigration	quota
	Number		O	quota	filled
(ii)	Number	of	•	not	filled
I certify t	additional information what the particulars stated			edge and belief true an	
Date					
		F	orm R1		
	GHANAIAN	BUSINESS (PR	ROMOTION) ACT	, 1970 (ACT 334)	
APPI	LICATION FOR LICE		SOLE PROPRIETO USINESS CONCE		TING AN
	Form must be completed etor of a business conce		al engaged in busine	ess on his own accoun	t or by a sole
owner	parate application must ship. entries must be typewritte			ity or subsidiary irres	pective of the
	licants are advised that cation.	it is offence und	der the Act to give	false information in s	upport of any
1.	(a)	Full	Name	of	Applicant

(b)				Pos						A	ddress
(c)				Tele	ephone						No.
()	Present	Natio	onality					untry			Origin
(e)	Domici	le	(if	not			resident		of	C	Shana)
(f) If	a non-Ghanaia hana	ın reside	ent, give pa	rticulars of	immig	ration a		for ent	ry and	reside	nce in
2.			(a)			Busi	iness				Name
(b)				Pos	tal					A	ddress
(c)	•••••	••••••	•••••		ephone	•••••		•••••••	•		No.
3. (a)	Is your busines	ss registe	ered under t	he Registra	tion of	Busines	s Names Ac			51)?	
(b)			State			Reg	istration				No.
	of Registration										
4. (a)	State general n	ature of	business ca	rried on (re	etail or v	wholesal	le) and give	product			
(b)	If who	lesaler	state	Registra					s	Tax	Act
(c)		iler,	state	Registration	on	No.	under	Sales	,	Тах	Act
	distributor of l				give na	me and	address of n	nanufact	urer		
	ve the following and Address of						Agencies b				•
(i)			_								
(ii)								•••••	••••		
` '	te type of remu				siness R	epresen	ted as follo	ws:—	••••		
				PE OF RE		-					
Na	me of Business	Co	mmission	Bon			Salary		other		
(i) (ii)											
(etc.)											
7.	Give details	of	any afte	r-sales t	echnica	l serv	vice prov	ided l	locally	by	you

	•••••	•••••							
•							•••••		•••••
•									
	••••••	••••••		•••••	•••••		•••••	•••••	•••••
الا	ndicate the	e nrincinal n	lace(s) of business	as follows:					
		on of shop(s)		as follows.					
(a) Locano Plot/Ho		•		No				
					NO	•••••	••••••	• • • • • • • • • • • • • • • • • • • •	•••••
	Town			. District.				Re	gion
	Date		business	commenced	in	premise	S	spec	ified
(b		n of Head Of							
	Plot/Ho	ouse			No				
	Street/N	Market							
	Town			. District.			•	Re	gion
	Date	of	business	commenced	in	premise	S	spec	ified
(c			f business (specify						
`	Plot/Ho	_	\1	,	No				
	Street/N	Market							
	Town			. District.			•	Re	gion
		•••••							
			business	commenced	in	premise	S	spec	ified
9. 	State	number		current licen	ice (if	any) u	nder	the	Act
10.		urrent licer	•	ou to do busines	s in all	premises	specifie	d in	this
	If not,	indicate	those not cov	ered					
11.	State	the las	st year for	which income	e tax	returns	were	subm	itted

	the followin			-		-							
(b)	nnual Sales Value d)	of	total	import	ts						,	ear	(specify
(c)		A	mount			of			•	ital			invested
	Fixed	[Capita	1						 Woi	rking	5	Capital
(e)			Pr	ofits					fore				Tax
(f)			In	come	ne Tax								Paid
(g)					Profits								repatriated
13.	(a)		, .	Γotal		nι	ımbe	r		of	••		employees
(b)		Nur	nber		of			Ghanaians					employed
(c)		Num	ber					non-G	n-Ghanaians				employed
(i)													on-Africans
(ii)	Africans Number	immigi	ration	quo	ta	(specify	if	proprie	etor	is	included)		
 (i)													included)
(ii)		Nui	mber		of			quota		no	t		filled
	e you subm If not additional in	t, attac	h the rep	orts.									
 I certify t	hat the parti	culars	stated he	erein are t	to the l	est of	my l	knowledį	ge an	d belief tr	ue a	nd ac	ccurate.
Date												S	ignature of

Partner

Form R2

GHANAIAN BUSINESS (PROMOTION) ACT, 1970 (ACT 334)

APPLICATION FOR LICENSING OF A PARTNERSHIP REPRESENTING AN OVERSEAS BUSINESS CONCERN

GUIDE TO COMPLETION OF THE APPLICATION FORM

- (i) This form must be completed in respect of the business by any Partner of the business.
- (ii) A separate application must be submitted for each business entity of subsidiary irrespective of the ownership.
- (iii) All entries must be typewritten or clearly printed in ink.
- (iv) Applicants are advised that it is on offence under the Act to give false information in support of any application.

1.	(a)	Full	Name	of	Pa	artner	making		application
(b)				Postal					Address
(c)									Telephone
(d)	Present	Natio	nality						f Origin
(e)	Dom		(if				ent	of	Ghana)
	non-Ghar	naian reside	ent, give parti	culars of im	nmigratio	n authoris		•	residence in
 2. (a) Na		mership or l	Business					•••••	
(b)		•		Postal					Address
(c)				Teleph	one				No.
	your busin		ed under the l						152)?
(b)			State			Registratio	n		No.
Date				of			•••••		Registration
4. (a) Sta		nature of b	usiness carrie						es

•••••							
							•••••
•••••							
		••••••	•••••			•••••	•••••
(b) If wholesa		_	Number	under	the Sale	es Tax	Ac
	er, state	Registration	n Number	under	Sales	Tax	Ac
(d) If noth who		etailer state	Registration	n Number	r under S	Sales Tax	Ac
(e) If distributor							
							•••••
••••••							
		••••••	•••••		•••••	••••••	•••••
		••••••	••••••		••••••	***************************************	••••••
Give the following t	particulars of the	agencies han	dled by you a	nd attach a	copy of eac	h agency	
greement:	Rusiness Renrese	ented	Description of	f Δ gencies i	hy Products		
greement: Iame and Address of			Description of	f Agencies	by Products		
greement: [ame and Address of]			Description of				
greement: Iame and Address of i) ii)							
greement: Jame and Address of i) ii)							
greement: Jame and Address of i) ii)		from the Bu		ented as fol			
greement: Jame and Address of j) ii) iii) State type of remun		from the Bu	siness Represe	ented as fol			
greement: Jame and Address of i) ii)		from the Bu	siness Represo	ented as fol RATION ny other			
Imme and Address of Discontinuous Commission	neration received	from the Bu	siness Represo	ented as fol			
Name of Business Commission	neration received	from the Bu	siness Represo	ented as fol RATION ny other			
Name of Business Commission Commission	neration received	from the Bu	siness Represo	ented as fol RATION ny other			
greement: Vame and Address of i) iii) iiii) State type of remun	Bonus	TYPE (siness Represe	ented as fol	lows:—		you

					••••••		
 8. Gi	ve the follo	wing par	ticulars of all partne	rs:	••••••		
Coni	to1					v	*Citizenship
Capi	ıaı	Name		Nationalit	y		Details
Cont (i)	ribution 						
(ii)							
(iii)							
(iv)							
(v)							
(vi)							
(vii)							
(viii)							
(ix)							
*If G	hanaian citi	izen state	whether by:				
(a)	Birth						
(b)	Naturalizat	ion (give	Certificate Number	and date)			
(c)	Registratio	n (give R	egistration Number	and date).			
9. In	dicate the pi	rincipal p	place(s) of business a	s follows:			
(a) Location (of shop(s):				
	Plot/House Street/Mar				No		
	Town						Region
	•••••						
	Date	of	business	commenced	in	premises	specified
(b)	Location of	f Head O	ffice:	••••••			
	Plot/House				No		
		ket					
	Town			District	•••••		Region
	Date	of	business		in	premises	specified
(c)			of business (specify)				

	Plot/Ho Street/I	ouse Market						N	lo	••••••	•••••		
	Town	•						et				R	egion
	Date	of	bu	siness					in	prem	ises	spe	cified
10.	State	number	and	date	of			ence	(if	any)	under	the	Act
	Does o	current lic	cence au			to do	busin	ess ir	n all	premises	s speci	fied in	this
	If not,	indicate	those	not	cover	ed			•••••				•••••
12.		the	last ye			which	incor	ne	tax	returns	were	subr	nitted
	Give the	following pal Sales (N	particulars	s in resp	ect of		•)		
	(b) V	alue o	f tota	ıl in	nports	s for					,	r (sp	ecify
	(c)	c) Amount			of capital			•		inv	ested		
	(d)	Fixed	Cap	oital							orking	C	apital
	(e)			Profits	S				before				Tax
	(f)			Incom	ie				Tax				Paid
	(g)					Profits						repat	riated
14.		(a)		Total						of	•••	empl	oyees
((b)		Number	•••••	•	of	•			anaians		emp	loyed
((c)	N	umber			of		non	-Ghar	naians		emp	loyed
•	(i)	•••••		•••••	•••••			••••••	•]	Non-Afi	ricans
(. ,	icans nber of										s incl	uded)
				•••••			•••••		•••••				

	(i)	Number		immigration	quota	filled	(specify	if	proprietor	is	included)
	(ii)		Num				quota		not		filled
15.		you subm	itted th	ne necessary the reports.					mme for the	e cui	rent year?
16.		additional	informa	ation which	the applic	cant wis	hes to giv	ve in	support of t	this	application
I ce	 ertify th	at the parti	culars s	tated herein a	re to the l	est of m	y knowledg	ge and	belief true ar	nd ac	curate.
Dat										Si	gnature of
					For	rm R3					
		GI	HANAI	AN BUSINE	SS (PRO	MOTIC	ON) ACT, 1	. 97 0 (A	ACT 334)		
				OR LICENSI E AND REPR							
		G	UIDE	TO COMPL	ETION (OF THE	APPLICA	TION	FORM		
(i)	This for Compa		oe com	pleted in resp	pect of th	e Comp	any by the	Secre	tary or any	Dire	ctor of the
	owner	ship.		nust be subm			•	of si	absidiary irre	espec	tive of the
(iv)	Applicapplic		dvised	that it is on o	offence u	nder the	Act to give	e false	information	in s	upport any
1.			(a)		Nam	e		of			Company
(b)					Post						Address
(c)						phone					No.
2.		(a)	Regi	stration	Num	ber	under		Companies	8	Code
(b)				Date			of			R	egistration
(c)		State		whether	•	vate	or		public		company
(d)	State w	hether regi	istered a	as external Co	ompany u	nder sect	ion 302 of (Compa	nies Code		

(b)	If	wholesaler	, state	Registratio	n Nu	mber	under	the	Sales	Tax	Act	
									Calas	То	Λ	
(c)		retailer,		Registration	Num	ber	under	the	Sales	Tax	Acı	
		both whole			state	Regist	ration	Number	under	Sales	Tax	
(e)]	If distr	ributor of loca	•	•						ſ		
 4. Giv	e the	following part		Il directors:	•••••	•••••	•••••	••••••	••••••	•••••		
^{vi} *Cit	izensh	in										
		Nam	e		Do	micile				Natio	nality	
Detail (i)												
(ii)												
(iii)												
(iv)												
(v)												
(vi)												
(vii)												
(viii)							•••					
(ix)												
(x)												
*If Gl	 nanaia	n citizen state	whether by	:								
(a)]	Birth											
(b)	Natura	alization (give	Certificate	Number)								
(c)]	Regist	ration (give R	egistration l	Number)								
5 Giv	e the t	following part	iculars of th	ne agencies h	andled h	v vou s	and attac	h a conv	of each a	gency		
agreei		ronowing part	iculais of ti	ic ageneres ii	andica o	y you a	ind attac	пасору	or cacir a	gency		
		Address of Bus			Descri	ption c	of Agenc	ies by Pro	oducts			
(iii)												
(etc.)		pe of remuner		1.6 .1 *	<u> </u>							
o. St	ate typ	pe of remuner	ation receiv	ea from the I	Business	Kepres	sented as	follows:				

Name of Business

	Commission		В	Bonus				ny other pecify):				
(ii) (iii)												
7.	Give	details	of a	•	er-sales	s technic	al serv	vice p	provided	locally	by	you
8. In (a)	ndicate tl	he princip	_	s) of busin Location		follows:		of			sl	hop(s)
•••••	Plot/H	Iouse										
	Street. Town					D	istrict				R	Region
	Date	of		business		commence	ed	in	prei	mises	spe	cified
(b) l		of Head										
	Plot/H Street							No				
	Town					D	istrict				R	Region
	Date	of	1	business		commence		in	prei	mises	spe	cified
(c) A		er place(s)				••••••	•					
	Plot/H Street							No			•••••	
	Town				•••••	D	istrict				R	Region
	Date	of		business		commence		in	prei	mises	spe	cified
9.	State	numbe	r and	date	of	current	licence	(if	any)	under	the	Act
10.	Does cu	rrent licer	nce autho	rise you t	o do b	usiness in a			ified in t	his applica	ation?	
11.		the capita						 Catego	ry	Va	lue	

Amou	ınt			Ma	~£			- c		
of				No.	OI			of		per
Share	S			Share	es		Share	s	Shar	res
	thorised Sha apital	ire								
(ii) Sł	nare Capital									
(iii) S	tated Capita	l						•••••		
(b)	What	pe	rcentage	of	shareholdir	ıg	is	held	by	Ghanaians?
(c) Gi	ve details of	the s	hareholding	of the 10	 O largest sharel	nolders	as follo	ows:		
							Categ	gory of	N	lo. of shares
Amou		Name	.	Nat	tionality		Share	•¢		held
Capita		1 vallic		1141	iionanty		Share	,,,		пста
(i)	•••••			•••••				•••••		
(ii)		•••••								•••••
(iii)										
(iv)										
(v)					•••••					
(vi)										
(vii)										
(viii)										
(ix) (x)										
12.	State th	ne	last yea	r for	which in	ncome	tax	returr	ns were	submitted
		•••••								
•••										
				•	of the tax year				.)	
(b) period	Value d)			_	s for t	he	last	calenda	ar year	(specify
(c)	Fixed		Capital			• • • • • • • • • • • • • • • • • • • •		V	Working	Capital
(d)			Pro				befor	e		Tax
(e)	Income					Tax				Paid
(f)	•••••	•••••	•••••	•••••	Dividends			•••••		paid
(1)					Dividends					paru

(g)			repatriated		
(h)			Profits		retained
14.	(a)	Total	number	of	employees
(b)	Number		of (Ghanaians	employed
(c)	Number	of	non-	Ghanaians	employed
(i)				•	Non-Africans
(ii)					Africans
(d)	Number	of	approved		quota
(i)	Number	of	immigration	quota	filled
(ii)	Number	of	quota	not	filled
15. Has	your company submitted If not, attach the re	the necessary			ne current year?
16. Any	additional information w	hich the appli	cant wishes to give in	support of this applic	ation
I certify	that the particulars stated	l herein are to	the best of my knowle	edge and belief true ar	nd accurate.
Date Director J. H. M	//Secretary ENSAH r of Finance and Econom	ic Planning			Signature of

Date of Gazette Notification: 11th December, 1970

ⁱIf Ghanaian citizen state whether by:

- (a) Birth
- (b) Naturalization (give Certificate Number and date)
- (c) Registration (give Registration Number and date). "** If Ghanaian citizen state whether by:—
- (a) Birth
- (b) Naturalization (give Certificate Number and date)
- (c) Registration (give Registration Number and date)
- iii If Ghanaian citizen state whether by:

- (a) Birth
- (b) Naturalization (give Certificate Number and date)
- (c) Registration (give Registration Number and date).
- iv*If Ghanaian citizen state whether by:
 - (a) Birth
 - (b) Naturalization (give Certificate Number)
- (c) Registration (give Registration Number)
- ^vIf Ghanaian citizen state whether by:
 - (a) Birth
- (b) Naturalization (give Certificate Number and date)
- (c) Registration (give Registration Number and date).
- vi*If Ghanaian citizen state whether by:
 - (a) Birth
 - (b) Naturalization (give Certificate Number)
- (c) Registration (give Registration Number)