

## **ALIEN ENTERPRISES LICENSING REGULATIONS, 1970 (LI 670).**

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¢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) Full Name of Applicant.....

(b) Address..... Postal

(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 for entry and residence in Ghana

.....  
 .....

2. (a) Business  
 Name.....

(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  
 .....

4. (a) State general nature of business carried on (retail or wholesale) and give product lines handled

.....  
 .....

(b) If wholesaler, state Registration Number Sales Tax Act  
 .....

(c) If retailer, state Registration Number under Sales Tax Act  
 .....

(d) If both wholesaler and retailer state Registration Number under Sales Tax Act  
 .....

(e) If registered importer, state category and number.....

(f) If distributor of locally manufactured products, give name and address of manufacturer  
 .....

5. Indicate the principal places of business as follows:—

(a) Location of shops(s):—

Plot/House No ..... Street/Market  
 .....

Town ..... District .....  
 Region.....

Date business commenced on premises specified  
 .....

(b) Location of Head Office:

Plot/House No. .... Street/Market  
 .....

Town ..... District ..... Region  
 .....

Date business commenced in premises specified  
 .....

6. State Number and date of issue of current licence held under the Act  
 .....

7. Does the current licence authorise you to do business in all the premises specified in this application?  
 .....

If not, indicate those not covered by licence  
 .....

8. State the last tax year for which income tax returns were  
 submitted.....

9. Give the following particulars in respect of the tax year stated in (6):—

(a) Annual Sales

(N¢.....)

(b) Value of total imports for last calendar year (specified  
 period):.....

(c) Amount of capital invested  
 .....

(d) Fixed Capital ..... Working  
 Capital.....

(e) Income Tax Paid  
 .....

(f) Profits Repatriated  
 .....

10. (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 immigration quota (specified if proprietor is included)  
 .....

(i) Number of immigration quota filled (specify if proprietor is included)  
 .....

(ii) Number of quota not filled  
 .....

11. Have you submitted the necessary reports on your Training Programme for the current year?  
..... If not, attach the reports.

12. Any additional information which the applicant wishes to give in support of this application  
.....

I certify that the particulars stated herein are to the best of my knowledge and belief true and accurate.

Date .....

.....

Signature of Applicant

**Form T2**

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

**APPLICATION FOR A LICENCE UNDER SECTION 17 OF THE ABOVE ACT BY A PARTNERSHIP**

**GUIDE TO COMPLETION OF THE APPLICATION**

- (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 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 of Business

.....

(b) Postal Address

.....

(c) Telephone No.

.....

3. (a) Is your business registered under the Incorporated Private Partnerships Act, 1962 (Act 152)?

.....

(b) State Registration No.  
 .....  
 Date of Registration

4. (a) State general nature of business carried on (i.e. retail or wholesale) and give product lines handled  
 .....

(b) If wholesaler, state Registration Number under the Sale Tax Act  
 .....

(c) If retailer, state Registration Number under Sales Tax Act  
 .....

(d) If both wholesaler and retailer state Registration Number under Sales Tax Act  
 .....

(e) If registered importer, state category and number  
 .....

(f) If distributor of locally manufactured products, give name and address of manufacturer  
 .....

5. Give the following particulars of all partners:—

Capital Contribution	Name	Nationality	*Citizenship	Details
(i)	.....	.....	.....	.....
(ii)	.....	.....	.....	.....
(iii)	.....	.....	.....	.....
(iv)	.....	.....	.....	.....
(v)	.....	.....	.....	.....
(vi)	.....	.....	.....	.....
(vii)	.....	.....	.....	.....
(viii)	.....	.....	.....	.....
(ix)	.....	.....	.....	.....
(x)	.....	.....	.....	.....
(xi)	.....	.....	.....	.....
(xii)	.....	.....	.....	.....
(xiii)	.....	.....	.....	.....
(xiv)	.....	.....	.....	.....
(xv)	.....	.....	.....	.....
(xvi)	.....	.....	.....	.....
(xvii)	.....	.....	.....	.....
(xviii)	.....	.....	.....	.....

- (xix) .....  
 (xx) .....

\*If Ghanaian citizen state whether by:

- (a) Birth  
 (b) Naturalization (give Certificate Number and date)  
 (c) Registration (give Registration Number and date).

6. Indicate the principal places of business as follows:—

(a) Location of shops(s):—

Plot/House No. .... Street/Market .....  
 Town ..... District ..... Region .....  
 Date business commenced in premises specified .....

(b) Location of Head Office:

Plot/House No. .... Street/Market .....  
 Town ..... District ..... Region .....  
 Date business commenced in premises specified.....

(c) Any other place(s) of business (specify):—

Plot/House No. .... Street/Market .....  
 Town ..... District ..... Region .....  
 Date business commenced in premises specified .....

7. State number and date of issue of current licence held under the Act.....

8. Does the current licence authorise you to do business in all the premises specified in the application?..... If not, indicate those not covered by licence .....

9. State the last tax year returns were submitted .....

10. Give the following particulars in respect of the tax year stated in (7):—

(a) Annual Sales (N¢.....)

(b) Value of total imports for the last calendar year (specify period).....

Amount of capital invested.....

(d) Fixed Capital..... Working Capital.....

(e) Income Tax paid.....  
 (Profits Repatriated).....

11. (a) Total number of employees.....

(b) Number of Ghanaian employed.....

(c) Number of non-Ghanaians employed.....

(i) Non-Africans.....

(ii)Africans.....

...

(d) Number of approved immigration quota (specify if partner(s) included).....

(i) Number of immigration quota filled (specify if partner(s)included).....

(ii) Number of quota not filled.....

12. Have you 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 in support of this application.....

I certify that the particulars stated herein are the best knowledge and belief true and accurate.

.....

Signature of Partner

Date.....

**Form T3**

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

**APPLICATION FOR A LICENCE UNDER SECTION 17 OF THE ABOVE ACT BY A LICENCE REGISTERED UNDER THE COMPANIES CODE**

**GUIDE TO COMPLETION OF THE APPLICATION FORM**

- (i) This form must be completed in respect of the Company by the Secretary or any Director of the Company.
- (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) Applicants are advised that it is an offence under the Act give false information in support of any application.

1. (a) Name of Company.....

(b) Postal Address.....

(c) Telephone No.....

2. (a) Registration Number under Companies Code.....

(b) Date of Registration.....

(c) State whether private or public company.....

(d) State whether registered as external Company under section 302 of Companies

Code.....

3. (a) State general nature of business carried on (i.e. retail or wholesale) and give product lines handled.....

(b) If wholesale, state Registration Number under the Sales Tax Act.....

(c) If retailer, state Registration Number under Sales Tax Act.....

(d) If both wholesaler and retailer state Registration Number under Sales Tax Act.....

(e) If registered importer, state category and Number.....

(f) If distributor of locally manufactured products, give name and address of manufacturer.....

4. Give the following particulars of all directors:—

<sup>ii</sup>\*Citizenship

Details	Name	Domicile	Nationality
(i)	.....	.....	.....
(ii)	.....	.....	.....
(iii)	.....	.....	.....
(iv)	.....	.....	.....
(v)	.....	.....	.....
(vi)	.....	.....	.....
(vii)	.....	.....	.....
(viii)	.....	.....	.....
(ix)	.....	.....	.....
(x)	.....	.....	.....

5. Indicate the principal place(s) of business as follows:—

(a) Location of shop(s)

Plot/House No.....Street/Market.....

\*If Ghanaian citizen state whether by:—

(a) Birth

(b) Naturalization (give Certificate Number and date)

(c) Registration (give Registration Number and date)

Town ..... District ..... Region .....

Date business commenced in premises specified .....

(b) Location of Head Office:—

Plot/House No.....Street Market.....

Town.....District.....Region.....

State business commenced in premises specified.....

6. State number and date of issue of current licence held under the Act.....

7. Does the current licence authorize you to do business in all the premises specified in this application?

If not, indicate those not covered by licence .....

8. (a) State the capital of the Company as follows—:

No.of Category Valve Amount Shares of Shares Share Capital

(i) Authorized Share Capital.....

(ii) Share Capital issued .....

(iii) Stated Capital .....

(b) What percentage of shareholding is held by Ghanaians.....

(c) Give details of the shareholding of the 10 largest shareholders as follows:—

Amount of Capital	Name	Nationality	Category of Shares	No. of shares held	Capital
(i)	.....	.....	.....	.....	.....
(ii)	.....	.....	.....	.....	.....
(iii)	.....	.....	.....	.....	.....
(iv)	.....	.....	.....	.....	.....
(v)	.....	.....	.....	.....	.....
(vi)	.....	.....	.....	.....	.....
(vii)	.....	.....	.....	.....	.....
(viii)	.....	.....	.....	.....	.....
(ix)	.....	.....	.....	.....	.....
(x)	.....	.....	.....	.....	.....

9. State the last year for which income tax returns were submitted.....

10. Give the following particulars in respect of the tax year stated in (7):

(a) Annual Sales (N¢.....)

(b) Value of total imports for the last calendar year(specify period).....

(c) Fixed Capital.....Working Capital.....

(d) Profits before tax.....

(e) Income Tax paid.....

(f) Dividends paid.....

(g) Profits repatriated.....

(h) Profits retained.....

11. (a) Total number of employees.....

(b) Number of Ghanaian 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..... Signature of  
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 sole 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) Applicants 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 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) 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 approval or recognition by the ministry responsible for industries.....

(Attach copy of approval letter on first application for licence)

(d) Give date and reference of approval by any other Ministry or Agency .....

4. State general nature of business carried on and give product lines handled .....

5. Indicate the proportion of your production which was marketed during the current year through the following channels:

(a) direct wholesaling to independent wholesaler/distributors:

(i) Ex factory.....

(ii) Form warehouses outside factory.....

(b) direct retailing through own shops.....

(c) direct retailing by own sales force.....

6. (a) Through how many independent wholesalers/distributors did market your products during the current year?.....

(b) How many of these wholesalers/distributors are Ghanaians? .....

(c) Attach a list (giving the names and addresses of wholesalers/distributors counted in 6 (a) according to volume of business with you.

7. Indicate the principal places of business as follows:

(a) Location of retail shop(s)

Plot/House No. .... Street/Market .....

Town ..... District ..... Region .....

Date business commenced in premises specified .....

(b) Location of Head Office:

Plot/House No..... Street/Market .....

Town..... District ..... Region .....

Date business commenced in premises specified .....

(c) Location of Factory:

Plot/House No..... Street/Market .....

Town..... District ..... Region .....

Date production commenced.....

(d) Location of Warehouse(s):

Plot/House No..... Street/Market .....

Town..... District ..... Region .....

Date business commenced in premises specified .....

(e) Any other place(s) of business (specify):

Plot/House No..... Street/Market .....

Town..... District ..... Region .....

Date business commenced in premises specified .....

8. State number and date of issue licence held under the Act .....

9. Does the current licence authorise you to sell products manufactured by you in all the premises specified in this application? .....

If not, indicate those not covered .....

10. State the last tax year for which income tax returns were submitted .....

11. Give the following particulars in respect of the tax year stated in (10):

(a) Value of production during the year .....

(b) Value of locals sales .....

(c) Value of exports (if any) .....

(d) Value of imported raw materials .....

(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 .....

(k) Allowance for depreciation during year .....

12. (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 immigration quota (specify if proprietor is included).....

(i) Number of immigration quota filled (specify if proprietor is included).....

13. Have you submitted the necessary reports on your Training Programme for the current year?

..... If not, attach the reports.

14. Any additional information which the applicant wishes to give in support of this application

.....  
 .....

I certify that the particulars stated herein are to the best of my knowledge and belief true and accurate.

.....  
 ..... 19 .....

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 be 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) Applicants 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. Is your business registered under the Incorporated Private Partnerships Act, 1962 (Act 192)?  
.....
- (b) State Registration No. .... Date of Registration .....
- (c) Give date and reference of approval or recognition Ministry responsible for Industries ..... (Attach copy of approval letter on first application for licence)
- (d) Give date and reference of approval by any other Ministry or Agency .....
4. State general nature of business carried on and give product lines handled .....
5. Indicate the proportion of your production which was marketed during the current year through the following channels:
- (a) 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 market your product during the current year? .....

(b) How many of these wholesalers/distributors are Ghanaian?  
 .....

(c) Attach a list (giving the names and address) of all wholesalers/distributors counted in 6 (a) according to volume of business with you.

7. Give the following particulars of all partners:

Capital Contribution	Name	Nationality	iii	*Citizenship Details
(i)	.....	.....	.....	.....
(ii)	.....	.....	.....	.....
(iii)	.....	.....	.....	.....
(iv)	.....	.....	.....	.....
(v)	.....	.....	.....	.....
(vi)	.....	.....	.....	.....
(vii)	.....	.....	.....	.....
(viii)	.....	.....	.....	.....
(ix)	.....	.....	.....	.....
(x)	.....	.....	.....	.....
(xi)	.....	.....	.....	.....
(xii)	.....	.....	.....	.....
(xiii)	.....	.....	.....	.....
(xiv)	.....	.....	.....	.....
(xv)	.....	.....	.....	.....
(xvi)	.....	.....	.....	.....
(xvii)	.....	.....	.....	.....
(xviii)	.....	.....	.....	.....
(xix)	.....	.....	.....	.....
(xx)	.....	.....	.....	.....

\*If Ghanaian citizen state whether by:

- (a) Birth
- (b) Naturalization (give Certificate Number and date)
- (c) Registration (give Registration Number and date)

8. Indicate the principal place(s) of business as follows:

(a) Location of retail shop(s):

Plot/House No.....Street/Market.....

Town.....District..... Region.....

Date business commenced in premises specified  
.....

Plot/House No.....Street/Market.....

Town.....District.....Region.....

Date business commenced in premises specified  
.....

(c) Location of Factory:

Plot/House No.....Street/Market.....

Town.....District.....Region.....

Date production commenced .....

(d) Location of Warehouse(s):

Plot/House No.....Street/Market.....

Town.....District.....Region.....

Date business commenced in premises specified  
.....

9. State number and date of issues of current licence held under the Act.....

10. Does the current licence authorise you to sell products manufactured by you in all the premises specified in this application? .....

If not, indicate those not covered .....

11. State the last tax year for which income tax returns were submitted .....

12. Give the following particulars in respect of the tax year stated in (11):

(a) Value of production during the year .....

(b) Value of local sales .....

(c) Value of export (if any) .....

(d) Value of imported raw materials  
.....

(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  
.....

(k) Allowance for depreciation during year  
.....

13. (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 immigration quota (specify if partner(s) including)  
 .....

(i) Number of immigration quota filled (specify if partner(s) included)  
 .....

(ii) Number of quota not filled .....

14. Have you submitted the necessary reports on your Training Programme for the current year?  
 ..... If not, the attach reports.

15. Any additional information which the applicant wishes to give in support of this application  
 .....

I certify that the particulars stated herein are to the best of my knowledge and belief true and accurate.

.....

Signature of Partner

Date .....

**Form M3**

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

**APPLICATION FOR A LICENCE UNDER SECTION 31 (2) OF THE ABOVE ACT BY A COMPANY REGISTERED UNDER THE COMPANIES CODE**

**GUIDE TO COMPLETION OF THE APPLICATION FORM**

- (i) This form must be completed in respect of the Company by the Secretary or any Director of the Company.
- (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) Applicants are advised that it is an offence under the Act to give false information support of any application.

1. (a) Name of Company .....

(b) Postal Address  
 .....

(c) Telephone No. ....

2. (a) Registration Number under Companies Code  
 .....

(b) Date of Registration  
 .....

(c) State whether private or public company

.....  
 (d) State whether registered as external company under section 302 of the Companies Code  
 .....

(e) Give date and reference of approval or recognition by the Ministry responsible for industries  
 .....

(Attach copy of approval letter on first application for licence)

(f) Give date and reference of approval for recognition by any other Ministry or Agency  
 .....

3. State general nature of business carried on and give product lines handled  
 .....

4. Indicate the proportion of your production which was marketed during the current year through the following channels:

(a) direct wholesaling to independent wholesalers/distributors

(i) Ex-factory .....

(ii) From Warehouses outside factory

(b) direct retailing through own shops

(c) direct retailing by own sales force

5. (a) Through how many independent wholesaler/distributor did you marketed your product during the current year? .....

(b) How many of these wholesalers/distributors are Ghanaians?  
 .....

(c) Attach a list (giving then names and address) of all wholesalers/distributors counted in 5 (a) according to volume of business with you.

6. Give the following particulars of all directors:

<sup>iv</sup>\*Citizenship

Details	Name	Domicile	Nationality
(i)	.....	.....	.....
(ii)	.....	.....	.....
(iii)	.....	.....	.....
(iv)	.....	.....	.....
(v)	.....	.....	.....
(vi)	.....	.....	.....
(vii)	.....	.....	.....
(viii)	.....	.....	.....
(ix)	.....	.....	.....
(x)	.....	.....	.....



9. Does the current licence authorise you to sell products manufactured by you in all the premises specified in this application..... If not, indicate those not covered.....

10. (a) State the capital of the company as follows:

Amount	No. of	Category	Value
per	Shares	per	of
Shares		Shares	Shares
(i) Authorised capital .....	.....	.....	.....
(ii) Share Capital issued .....	.....	.....	.....
(iii) Stated Capital .....	.....	.....	.....

(b) What percentage of shareholding is held by Ghanaians?  
.....

(c) Give details of the shareholding of the 10 largest shareholders as follows:

Amount of	Name	Nationality	Category of	No. of shares
Capital			Shares	held
(i) .....	.....	.....	.....	.....
(ii) .....	.....	.....	.....	.....
(iii) .....	.....	.....	.....	.....
(iv) .....	.....	.....	.....	.....
(v) .....	.....	.....	.....	.....
(vi) .....	.....	.....	.....	.....
(vii) .....	.....	.....	.....	.....
(viii) .....	.....	.....	.....	.....
(ix) .....	.....	.....	.....	.....
(x) .....	.....	.....	.....	.....

11. State the last tax year for which income tax returns were submitted .....

12. Give the following particulars in respect of the tax year stated in (11):

- (a) Value of production during the year .....
- (b) Value of locals sales .....
- (c) Value of exports (if any) .....
- (d) Value of imported raw materials .....
- (e) Value of local raw materials .....
- (f) Fixed Capital ..... Working Capital .....
- (g) Profits before Tax paid .....
- (h) Income Tax paid .....

(i) Profits repatriated .....

(j) Total wages and salaries paid .....

(k) Allowance for depreciation during year .....

13. (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 immigration quota .....

(i) Number of immigration quota filled .....

(ii) Number of quota not filled .....

14. Has your company submitted the necessary reports on your Training Programme for the current year? ..... If not, attach the reports.

15. Any additional information which the applicant wishes to give in support of this application .....

I certify that the particulars stated herein are to the best of my knowledge and belief true and accurate.

.....

Signature of

Director/Secretary

Date .....

### **Form R1**

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

#### **APPLICATION FOR LICENSING OF A SOLE PROPRIETORSHIP REPRESENTING AN OVERSEAS BUSINESS CONCERN**

- (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) Applicants are advised that it is 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 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) Business Name  
.....

(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 .....

4. (a) State general nature of business carried on (retail or wholesale) and give product lines handled  
.....

(b) If wholesaler state Registration No. under Sales Tax Act  
.....

(c) If retailer, state Registration No. under Sales Tax Act  
.....

(d) If distributor of locally manufactured products, give name and address of manufacturer  
.....

5. Give the following particulars of the agencies handled by attach a copy of each agency agreement:

Name and Address of Business Represented	Description of Agencies by Products
(i) .....	.....
(ii) .....	.....
(iii).....	.....

6. State type of remuneration received from the Business Represented as follows:—

**TYPE OF REMUNERATION**

Name of Business	Commission	Bonus	Salary	Any other (specify):
(i) .....	.....	.....	.....	.....
(ii) .....	.....	.....	.....	.....
(etc.).....	.....	.....	.....	.....

7. Give details of any after-sales technical service provided locally by you

.....  
 .....  
 .....  
 .....  
 .....  
 .....

8. Indicate the principal place(s) of business as follows:

(a) Location of shop(s):

Plot/House No.....  
 Street/Market.....  
 Town ..... District..... Region  
 .....  
 Date of business commenced in premises specified  
 .....

(b) Location of Head Office:

Plot/House No.....  
 Street/Market.....  
 Town ..... District..... Region  
 .....  
 Date of business commenced in premises specified  
 .....

(c) Any other place(s) of business (specify):

Plot/House No.....  
 Street/Market.....  
 Town ..... District..... Region  
 .....  
 Date of business commenced in premises specified  
 .....

9. State number and date of current licence (if any) under the Act

.....

10. Does current licence authorise you to do business in all premises specified in this application?.....

If not, indicate those not covered .....

11. State the last year for which income tax returns were submitted

.....

12. Give the following particulars in respect of the tax year stated in:

- (a) Annual Sales (N¢.....)
- (b) Value of total imports for the last calendar year (specify period).....
- (c) Amount of capital invested .....
- (d) Fixed Capital ..... Working Capital .....
- (e) Profits before Tax .....
- (f) Income Tax Paid .....
- (g) Profits repatriated .....

13. (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 immigration quota (specify if proprietor is included) .....

....

- (i) Number of immigration quota filled (specify if proprietor is included) .....
- (ii) Number of quota not filled .....

14. Have you submitted the necessary reports on your Training Programme for the current year? ..... If not, attach the reports.

15. Any additional information which the applicant wishes to give in support of this application .....

.....  
 ...

I certify that the particulars stated herein are to the best of my knowledge and belief true and accurate.

.....  
 Date.....

Signature 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 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. (a) Is your business registered under the Incorporated Private Partnerships Act, 1962 (Act 152)?

.....

(b) State Registration No.

.....

Date of Registration

.....

4. (a) State general nature of business carried on (i.e. retail or wholesale) and give product lines handled.....

.....

.....  
 .....  
 .....  
 .....  
 .....

(b) If wholesaler, state Registration Number under the Sales Tax Act  
 .....

(c) If retailer, state Registration Number under Sales Tax Act  
 .....

(d) If both wholesaler and retailer state Registration Number under Sales Tax Act  
 .....

.....  
 .....

(e) If distributor of locally manufactured products, give name and address of manufacturer  
 .....

.....  
 .....  
 .....  
 .....

5. Give the following particulars of the agencies handled by you and attach a copy of each agency agreement:

Name and Address of Business Represented	Description of Agencies by Products
(i) .....	.....
(ii) .....	.....
(iii).....	.....

6. State type of remuneration received from the Business Represented as follows:—

Name of Business	TYPE OF REMUNERATION			
	Commission	Bonus	Salary	Any other (specify):
(i) .....	.....	.....	.....	.....
(ii) .....	.....	.....	.....	.....
(etc.).....	.....	.....	.....	.....

7. Give details of any after-sales technical service provided locally by you  
 .....

.....  
 .....

.....  
 .  
 .....

8. Give the following particulars of all partners:

Capital Contribution	Name	Nationality	*Citizenship	Details
(i)	.....	.....	.....	.....
(ii)	.....	.....	.....	.....
(iii)	.....	.....	.....	.....
(iv)	.....	.....	.....	.....
(v)	.....	.....	.....	.....
(vi)	.....	.....	.....	.....
(vii)	.....	.....	.....	.....
(viii)	.....	.....	.....	.....
(ix)	.....	.....	.....	.....

\*If Ghanaian citizen state whether by:

- (a) Birth
- (b) Naturalization (give Certificate Number and date)
- (c) Registration (give Registration Number and date).

9. Indicate the principal place(s) of business as follows:

(a) Location of shop(s):

Plot/House No.....  
 Street/Market.....  
 Town ..... District..... Region  
 Date of business commenced in premises specified  
 .....

(b) Location of Head Office:

Plot/House No.....  
 Street/Market.....  
 Town ..... District..... Region  
 Date of business commenced in premises specified  
 .....

(c) Any other place(s) of business (specify):

Plot/House No.....  
 Street/Market.....

Town ..... District..... Region  
 .....

Date of business commenced in premises specified  
 .....

10. State number and date of current licence (if any) under the Act  
 .....

11. Does current licence authorise you to do business in all premises specified in this application?.....

If not, indicate those not covered .....

12. State the last year for which income tax returns were submitted  
 .....

13. Give the following particulars in respect of the tax year stated in:

(a) Annual Sales (N¢.....)

(b) Value of total imports for the last calendar year (specify period).....

(c) Amount of capital invested  
 .....

(d) Fixed Capital ..... Working Capital  
 .....

(e) Profits before Tax  
 .....

(f) Income Tax Paid  
 .....

(g) Profits repatriated  
 .....

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 immigration quota (specify if proprietor is included)  
 .....

.....  
 ....

(i) Number of immigration quota filled (specify if proprietor is included)  
.....

(ii) Number of quota not filled  
.....

15. Have you submitted the necessary reports on your Training Programme for the current year?  
..... If not, attach the reports.

16. Any additional information which the applicant wishes to give in support of this application  
.....

.....  
.....

I certify that the particulars stated herein are to the best of my knowledge and belief true and accurate.

.....  
Date.....  
Partner

Signature of

**Form R3**

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

**APPLICATION FOR LICENSING OF A COMPANY REGISTERED UNDER THE COMPANIES CODE AND REPRESENTING AN OVERSEAS BUSINESS CONCERN**

**GUIDE TO COMPLETION OF THE APPLICATION FORM**

- (i) This form must be completed in respect of the Company by the Secretary or any Director of the Company.
- (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 an offence under the Act to give false information in support any application.

1. (a) Name of Company  
.....

(b) Postal Address  
.....

(c) Telephone No.  
.....

2. (a) Registration Number under Companies Code  
.....

(b) Date of Registration  
.....

(c) State whether private or public company  
.....

(d) State whether registered as external Company under section 302 of Companies Code  
.....

3. (a) State general nature of business carried on (i.e. retail or wholesale) and give product lines handled  
 .....

(b) If wholesaler, state Registration Number under the Sales Tax Act  
 .....

(c) If retailer, state Registration Number under the Sales Tax Act  
 .....

(d) If both wholesaler and retailer state Registration Number under Sales Tax Act.....

(e) If distributor of locally manufactured products, give name and address of manufacturer  
 .....

4. Give the following particulars of all directors:

<sup>vi</sup>\*Citizenship

	Name	Domicile	Nationality
Details			
(i)	.....	.....	.....
(ii)	.....	.....	.....
(iii)	.....	.....	.....
(iv)	.....	.....	.....
(v)	.....	.....	.....
(vi)	.....	.....	.....
(vii)	.....	.....	.....
(viii)	.....	.....	.....
(ix)	.....	.....	.....
(x)	.....	.....	.....

\*If Ghanaian citizen state whether by:

- (a) Birth
- (b) Naturalization (give Certificate Number)
- (c) Registration (give Registration Number)

5. Give the following particulars of the agencies handled by you and attach a copy of each agency agreement:

Name and Address of Business Represented	Description of Agencies by Products
(i) .....	.....
(ii) .....	.....
(iii).....	.....
(etc.) .....	.....

6. State type of remuneration received from the Business Represented as follows:—

TYPE OF REMUNERATION	
Name of Business	

Commission	Bonus	Salary	Any other (specify):
(i) .....	.....	.....	.....
(ii) .....	.....	.....	.....
(iii) .....	.....	.....	.....
(etc.).....	.....	.....	.....

7. Give details of any after-sales technical service provided locally by you .....

.....

.

.....

.

.....

8. Indicate the principal place(s) of business as follows:

(a) Location of shop(s)

.....

Plot/House No.....

Street/Market.....

Town ..... District..... Region

.....

Date of business commenced in premises specified

.....

(b) Location of Head Office:

Plot/House No.....

Street/Market.....

Town ..... District..... Region

.....

Date of business commenced in premises specified

.....

(c) Any other place(s) of business (specify):

Plot/House No.....

Street/Market.....

Town ..... District..... Region

.....

Date of business commenced in premises specified

.....

9. State number and date of current licence (if any) under the Act .....

10. Does current licence authorise you to do business in all premises specified in this application?.....  
If not, indicate those not covered .....

11. (a) State the capital of the Company as follows:—

Category Value

Amount  
of  
Shares

No. of  
Shares

of  
Shares

per  
Shares

(i) Authorised Share  
Capital .....

(ii) Share Capital .....

(iii) Stated Capital .....

(b) What percentage of shareholding is held by Ghanaians?  
.....

(c) Give details of the shareholding of the 10 largest shareholders as follows:

Amount of Capital	Name	Nationality	Category of Shares	No. of shares held
(i)	.....	.....	.....	.....
(ii)	.....	.....	.....	.....
(iii)	.....	.....	.....	.....
(iv)	.....	.....	.....	.....
(v)	.....	.....	.....	.....
(vi)	.....	.....	.....	.....
(vii)	.....	.....	.....	.....
(viii)	.....	.....	.....	.....
(ix)	.....	.....	.....	.....
(x)	.....	.....	.....	.....

12. State the last year for which income tax returns were submitted  
.....

.....

13. Give the following particulars in respect of the tax year state in (12):

(a) Annual Sales (N¢.....)

(b) Value of total imports for the last calendar year (specify  
period).....

(c) Fixed Capital ..... Working Capital  
.....

(d) Profits before Tax  
.....

(e) Income Tax Paid  
.....

(f) Dividends paid  
.....

- (g) Profits 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 immigration quota  
.....
- (i) Number of immigration quota filled  
.....
- (ii) Number of quota not filled  
.....

15. Has your company submitted the necessary reports on your Training Programme for the current year?  
..... If not, attach the reports

16. Any additional information which the applicant wishes to give in support of this application  
.....

I certify that the particulars stated herein are to the best of my knowledge and belief true and accurate.

.....  
Date.....

Signature of

Director/Secretary

**J. H. MENSAH**

Minister of Finance and Economic Planning

**Date of Gazette Notification: 11th December, 1970**

.....  
<sup>i</sup>If Ghanaian citizen state whether by:

(a) Birth

(b) Naturalization (give Certificate Number and date)

(c) Registration (give Registration Number and date).

<sup>ii</sup>\*If Ghanaian citizen state whether by:—

(a) Birth

(b) Naturalization (give Certificate Number and date)

(c) Registration (give Registration Number and date)

<sup>iii</sup>If Ghanaian citizen state whether by:

---

(a) Birth

(b) Naturalization (give Certificate Number and date)

(c) Registration (give Registration Number and date).

<sup>iv</sup>\*If Ghanaian citizen state whether by:

(a) Birth

(b) Naturalization (give Certificate Number)

(c) Registration (give Registration Number)

<sup>v</sup>If Ghanaian citizen state whether by:

(a) Birth

(b) Naturalization (give Certificate Number and date)

(c) Registration (give Registration Number and date).

<sup>vi</sup>\*If Ghanaian citizen state whether by:

(a) Birth

(b) Naturalization (give Certificate Number)

(c) Registration (give Registration Number)