



GHANA INVESTMENT PROMOTION CENTRE

RENEWAL OF REGISTRATION FORM

Under the Ghana Investment Promotion Centre Act 2013 (Act 865)

Information Supplied will be treated as
CONFIDENTIAL

To be completed in duplicate and forwarded to:-
The Chief Executive Officer
Ghana Investment Promotion Centre
P. O. Box M193
Ministries - Accra
Tel: (233-302) 665125-9 Fax: (233-302) 663801
Email: info@gipcghana.com
Website: www.gipcghana.com

FOR GIPC OFFICE USE ONLY

- i. Date Received at GIPC:
- ii. Name of Receiving Officer:
- iii. Signature:
- iv. Date of Renewal:
- v. Date to be Collected:

PART 1: ENTERPRISE DATA

1. General:

(a) Name of Enterprise:.....

(b) Old Address of Enterprise

Postal Address:

Location:

Street/Plot No: Town:

Telephone: Email:

(c) Current Address of Enterprise (If different from 1 (b))

Postal Address:

Location:

Street/Plot No: Town:

Telephone: Email:

(d) Any Branch office(s)? Yes No

If yes provide address(es)/location

.....

(e) Contact Person

Name:

Tel:

Mobile No:

Email:

2. Equity Structure

Any change(s) Yes No

If yes give the old as against the new structure

Old/Existing			New		
Name	Nationality	%Share	Name	Nationality	%Share
(a)		
(b)		
(c)		
(d)		
[e]		

PART II PROJECT DATA

1. EXISTING ACTIVITY

NEW ACTIVITY

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

2. Has company entered into any technology transfer agreement?

Yes No

If yes give further details

Type	Duration	Particulars of Partners
.....
.....

3. Investment Trend

	Initial Investment Capital		Current Investment Capital	
	GH¢ (000)	US\$ (000)	GH¢ (000)	US\$ (000)
Local Equity
Foreign Equity
Local Loan
Foreign Loan
Others
Total

4. Employment

		Initial	Current
Managerial	--Ghanaian	.....	.....
	-- Foreign	.....	.....
Skilled	-- Ghanaian	.....	.....
	-- Foreign	.....	.....
Unskilled	-- Ghanaian	.....	.....
Total	--	.....	.....

(i) Any training plan for Ghanaian Employees? Yes No

If yes give details below or show evidence (attachments)

.....

.....

.....

.....

5. List the challenges facing your project

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

6. Give any suggestion(s) which will help improve your operations

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

7.

.....
SIGNATURE

.....
NAME OF APPLICANT (IN BLOCK LETTERS)

.....
TIME & DATE

.....
PLACE

8. ATTACHMENT

- Status Report
- Last Audited Accounts
- Evidence of Change of Name/ Object at Registrar General's Department if any
- Evidence of Payee List & Last Tax Clearance
- Evidence of SSNIT Payment

THANK YOU FOR YOUR COOPERATION