FORM 3B SUPPLEMENTARY

THE COMPANIES ACT 1963 (ACT 179)

RETURNS OF PARTICULARS OF A COMPANY LIMITED BY GUARANTEE UNDER SECTIONS 27(1) AND 335A (1) (C) OF THE COMPANIES ACT, 1963 (ACT 179) ON INCORPORATION

SUPPLEMENTARY FORM FOR EXECUTIVE COUNCIL MEMBER OR DIRECTOR

(Sections 27(1) and 335 A(1)(C))

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

(A) Executive Council Member or Director:																				
Title		Mr				Mrs				Miss				Ms				Dr		
First Name																				
Middle Name																				
Last Name																				
Gender		Male				Female														
Date of Birth	D	D	M	M	Y	Y	Y	Y												
Any Former Name																				
Nationality																				
Does Executive Council Member or Director Have a Tax Identification Number (TIN)?																Yes			No	
Section to be filled out by Executive Council Members or Directors who have a TIN																				
TIN																				
Section to be filled out by Executive Council Members or Directors who do not have a TIN																				
Type of Identification Used						Voters Card				National ID				Driver's License						
Date of Issue	D	D	M	M	Y	Y	Y	Y												
Date of Expiry	D	D	M	M	Y	Y	Y	Y												
Country of Issue																				
Place of Issue																				
ID Number																				
Mothers Maiden Last Name																				
Mothers Maiden First Name																				
Marital Status		Single				Married				Divorced										
		Separated				Widowed				Widower										
Town of Birth																				
Country of Birth																				

Region of Birth																				
District of Birth																				
Resident		Yes					No													
Other Information		Importer					Exporter					Tax Consultant					Not Applicable			
Current Tax Office																				
Old TIN																				
Employment Type		Self Employed					Employee					Employee of a Foreign Mission								
		Other (Specify)																		
Employers Name																				
Main Occupation																				
Section to be filled if Executive Council Members or Director Does Not have a TIN and is Self-employed																				
Nature of Business																				
Annual Turnover																				
No of Employees																				
Business Address:																				
House No.																				
Building Name																				
Street Name																				
Town / City																				
Location / Area																				
Country																				
Region																				
District																				
Ghana Digital Address																				
Section to be filled out by All Executive Council Members or Directors (whether they have a TIN or not)																				
Mobile Number 1:																				
Mobile Number 2:																				
Phone Number 1:																				
Phone Number 2:																				
Fax:																				
E-mail Address:																				
Preferred Contact		Mobile		Email		Letter														

Residential Address																				
House No.																				
Building Name																				
Street:																				
Town / City:																				
Location / Area																				
Country:																				
Region:																				
District:																				
Ghana Digital Address																				
Postal Address																				
Care of:																				
Postal Type		P O Box					PMB					DTD								
Postal No																				
Postal Region																				
Postal Town																				
Particulars of other Directorships:																				

Executive Council Members or Director's Signature

_____

Date: (d d / m m / y y y y)

(B)Declaration (for an Executive Council Members or Director who cannot read or write)

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

THUMB PRINT OF EXECUTIVE COUNCIL MEMBER OR DIRECTOR

……..
(Signature)

Date (d d / m m / y y y y)