GHANA TOURISM AUTHORITY

PROJECT REGISTRATION AND APPLICATION FOR LICENCE AS EVENT ORGANIZER

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PROJECT REGISTRATION AND APPLICATION FOR LICENCE AS EVENT ORGANIZER (CORPORATE AND INDIVIDUAL)

File No.: _____

APPLICANT

Name of Applicant: _____

Location: _____   Street No: _____

Postal Address: | Town/City | Postal Code | Country |

Telephone No.: _____   Fax No.: _____

E-mail Address/website _____

Banker(s): _____

Nature of Business: Planner [_____]   Vendor [_____]

Type of Entity (e.g. Sole Proprietor / Partnership- Public or Private Limited Liability Company / Cooperative Society: _____

Ownership (Private Ghanaian/State Owned/Foreign Owned/Joint Ghanaian/Joint Foreign etc.)
_____

Ownership Structure   Local Private [_____] %   Local [_____] %   Foreign [_____] %

PARTICULARS OF SHAREHOLDERS

NO.	NAME	NATIONALITY	PROFESSION/ OCCUPATION	SHAREHOLDING %	AMOUNT PAID GH₵
1					
2					
3					
4					
5					

PARTICULARS OF DIRECTORS

NO.	NAME	NATIONALITY	PROFESSION / OCCUPATION	DOMICILE
1				
2				
3				

Name of Establishment [   ]

TOTAL INVESTMENT OF PROJECT [   ]

MANAGEMENT AND STAFF IN LINE WITH THE ESTABLISHMENT

Manager's Full Name: [   ]

Age: 20-29 [ ]   30-39 [ ]   40-49 [ ]   50+ [ ]

Nationality: [   ]   Telephone: [   ]

E-mail: [   ]

Highest Academic Qualification: [   ]

Professional Qualification: [   ]

Experience: [   ]

(Attach photocopies of certificates)

DETAILS OF OTHER QUALIFIED STAFF

NAME	QUALIFICATION	JOB DESCRPTION/ EXPERIENCE

Mandatory documents to be submitted (attach copies)	*For Office Only*
☐ Certificate of Incorporation (Business Registration Certificate) ☐ Certificate to Commence Business ☐ Company Regulations ☐ Report from the Police (CID) on the criminal records of Proprietor/Manager and Key personnel of unit ☐ Proof of bank account in the name of the company ☐ An Acceptance Letter from Certified Accountant /Auditors firm	*App. Receipt No.:*_____ *Reg. Receipt No.:*_____ Remarks_____ Officer's Name:_____ Signature:_____

I APPLY FOR THE REGISTRATION OF_____ AND DECLARE THAT THE

INFORMATION GIVEN IS TRUE AND COMPLETE

DATE: _____   APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____

DESIGNATION: _____

INFORMATION PROVIDED IS CONFIDENTIAL