



## FOR OFFICE USE

Registration No:.....

Name:.....

Region / District:.....

Category:.....

Receipt No:.....

## MEMBERSHIP FORM

1. Registered Company Name:.....
2. Company TIN:..... GPS Address:.....
3. Location of Business (State Close Landmark):.....  
.....
4. Postal Address for Correspondence:.....  
.....
5. Tel / Mobile:..... Email:.....
6. Website Address:.....
7. Core Business:.....  
.....
- Other Businesses:.....
8. How did you hear about the Chamber?.....
9. What are your expectation(s) for joining the Chamber?.....  
.....
10. Postal Address of Head Office:.....
11. Name of MD / CEO:.....  
Tel/Mobile..... email:.....
12. Authorised Representative to attend and vote at Chamber meetings:.....
13. Annual Turnover (please tick as appropriate):  

A. GHC 1,000,000 +	<input type="checkbox"/>	D. GHC 50,000 - 99,999	<input type="checkbox"/>
B. GHC 500,000 - 1,000,000	<input type="checkbox"/>	E. GHC 10,000 - 49,999	<input type="checkbox"/>
C. GHC 100,000 - 499,999	<input type="checkbox"/>	F. GHC 0 - 9999	<input type="checkbox"/>
14. Name and Address of Bankers:.....

### NAME(S) OF PARTNERS / OWNER / DIRECTORS

SURNAME	OTHER NAMES	NATIONALITY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant &amp; Rubber Stamp:.....

**TRADE SECTORS****SPECIFY / COMMENT**

1. Agriculture and Fishing
2. Books, Stationery & Printing
3. Building and Civil Engineering
4. Manufacturers' Representation
5. Furniture and Office Equipment
6. General Goods - Import/Distribution
7. General Goods - Retail/Wholesale
8. Hotels, Catering, Drinks, Brewing
9. Manufacture: State lines of Production
10. Export: Specify Goods
11. Motor Trade, Plant Hire, Fuel Supply
12. Professional Services: Specify
13. Shipping, Travel, Transport
14. Information Communication Technology
15. Oil & Gas
16. Others: Specify

*Please Mark X against your main trade or activity and in addition give details of your business in one or more of the spaces provide if applicable*

**NATURE OF BUSINESS** (please Tick)

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Importer / Exporter     |
| <input type="checkbox"/> Exporter     | <input type="checkbox"/> Wholesaler / Retailer   |
| <input type="checkbox"/> Importer     | <input type="checkbox"/> Manufacturer / Exporter |
| <input type="checkbox"/> Agent        | <input type="checkbox"/> Trader / Dealer         |
| <input type="checkbox"/> Service      | <input type="checkbox"/> Distributor             |

**No. of Employees:****Management Staff**Female ☐Male ☐Female ☐Male ☐**Export Market**

Current Export Product(s):..... Current Export Destination(s):  
.....

**Import Market**

Current Import Product(s):.....

**ENCLOSURES REQUIRED**

*Please submit the following documents with this application:*

(a) Certificate of Incorporation and Certificate to Commence Business issued by Registrar of Companies:

or

(b) Business Registration Certificate and "Form A"