

FOR OFFICE	<u>E USE</u>
Registration	1 No:
Name:	
Region / Dis	strict:
Category:	
Receipt No:	

MEMBERSHIP FORM

1. Registered Company Name:.....

3. Location of Business (State Close Landmark): 4. Postal Address for Correspondence: 5. Tel / Mobile: 6. Website Address: 7. Core Business: 9. What are your expectation(s) for joining the Chamber? 10. Postal Address of Head Office: 11. Name of MD / CEO: Tel/Mobile. email:	3. Location of Business (State Close Landmark): 4. Postal Address for Correspondence: 5. Tel / Mobile: 6. Website Address: 7. Core Businesses: 8. How did you hear about the Chamber? 9. What are your expectation(s) for joining the Chamber? 11. Name of MD / CEO: Tel/Mobile 12. Authorised Representative to attend and vote at Chamber meetings: 13. Annual Turnover (please tick as appropriate): 14. A GHC 1,000,000 + B GHC 50,000 - 1,000,000	Company TIN:	GPS Address:		
Postal Address for Correspondence:	Postal Address for Correspondence: Tel / Mobile: Website Address: Core Businesse: What are your expectation(s) for joining the Chamber? What are your expectation(s) for joining the Chamber? Name of MD / CEO: Tel/Mobile: Email: Description: A did you hear about the Chamber? Postal Address of Head Office: In Name of MD / CEO: Tel/Mobile: Email: Description: A did you hear about the Chamber? Description: A did Solo of MD / CEO: Tel/Mobile: Benail: Description: A did Solo of MD / CEO: A GHC 1,000,000 +	. Location of Business (State Close I	Location of Business (State Close Landmark):		
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Tel / Mobile:	Tel / Mobile:	. Postal Address for Correspondenc	e:		
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Other Businesses: How did you hear about the Chamber? What are your expectation(s) for joining the Chamber? 0. Postal Address of Head Office: 1. Name of MD / CEO:	Other Businesses: How did you hear about the Chamber? What are your expectation(s) for joining the Chamber? Name of MD / CEO: Tel/Mobile	. Website Address:			
Other Businesses: How did you hear about the Chamber? What are your expectation(s) for joining the Chamber? 0. Postal Address of Head Office: 1. Name of MD / CEO:	Other Businesses: How did you hear about the Chamber? What are your expectation(s) for joining the Chamber? Description of MD / CEO: Tel/Mobile	. Core Business:			
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0. Postal Address of Head Office:	0. Postal Address of Head Office:	How did you hear about the Chamber?			
0. Postal Address of Head Office:	0. Postal Address of Head Office:	what are your expectation(s) for joint	oning the Chamber:		
1. Name of MD / CEO: Tel/Mobile	1. Name of MD / CEO: Tel/Mobile				
Tel/Mobile	Tel/Mobile	0. Postal Address of Head Office:			
Tel/Mobile	Tel/Mobile	1. Name of MD / CEO:		,	
2. Authorised Representative to attend and vote at Chamber meetings:	2. Authorised Representative to attend and vote at Chamber meetings:	Tel/Mobile	email:		
3. Annual Turnover (please tick as appropriate): A. GHC 1,000,000 +	3. Annual Turnover (please tick as appropriate): A. GHC 1,000,000 +				
A. GHC 1,000,000 +	A. GHC 1,000,000 +				
B. GHC 500,000 - 1,000,000	B. GHC 500,000 - 1,000,000			FIRCE	
4.Name and Address of Bankers:	4.Name and Address of Bankers:	B. GHC 500,000 - 1,000,000	E. GHC 10,000 - 49,999		
NAME(S) OF PARTNERS / OWNER / DIRECTORS	NAME(S) OF PARTNERS / OWNER / DIRECTORS	C. GHC 100,000 - 499,999	E. GHC 0 - 9999		
		4.Name and Address of Bankers:			
SURNAME OTHER NAMES NATIONALITY	SURNAME OTHER NAMES NATIONALITY	NAME(S) OF PARTNERS / OWNE	ER / DIRECTORS		
		SURNAME	OTHER NAMES	NATIONALITY	

TRA	DE 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	THIOPIAN			
10.	Export: Specify Goods				
11.	Motor Trade, Plant Hire, Fuel Supply	a m k			
12.	Professional Services: Specify	Cr.			
13.	Shipping, Travel, Transport				
14.	Information Communication Technology				
15.	Oil & Gas				
16.	Others: Specify				
Pleas appli	e Mark X against your main trade or activity and in add <mark>ition give</mark> cable	e details of your business in one or more of the spaces provide if			
NAT	URE OF BUSINESS (please Tick)				
	Manufacturer	Importer / Exporter			
	Exporter	Wholesaler / Retailer			
	Importer	Manufacturer / Exporter			
	Agent	Trader / Dealer			
	Service	Distributor			
No. o	f Employees:	Management Staff			
Fema	ale Male Male Male Male Male Male Male M	Female Male			
Expo	ort Market				
	ent Export Product (s):	Current Export Destination(s):			
Imp	ort Market				
	ent Import Product (s):				
	LOSURES 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) E	(b) Business Registration Certificate and "Form A"				