

PARTICULARS OF A SERIES OF DEBENTURES CONTAINING, OR GIVING REFERENCE TO ANY OTHER INSTRUMENT, ANY CHARGE, TO THE BENEFIT OF WHICH THE DEBENTURE OLDERS OF THE SAID SERIES ARE ENTITLED PARI PASSU, CREATED BY A COMPANY



THE COMPANIES ACT, 2019 (ACT 992)

PURSUANT TO SECTION 110(7) (a-d)

FILL ALL FORMS IN BLOCK LETTERS, AND LEAVE SPACES IN BETWEEN WORDS

PLEASE WRITE ALL WORDS WITH NO ABBREVIATIONS

ALL FIELDS MARKED WITH AN ASTERISK (\*) INDICATES A MANDATORY FIELD

A fee is payable on presentation of this form. Please see the fees on our website www.rgd.gov.gh
Read the instructions before completing the Form. Incomplete applications or invalid data may delay the registration

(A)

Table with 2 columns: Type of Filing, Debentures

Table with 4 rows: Company Name\*, Registration Number\*, Presented By\*, TIN\* and a large text area for details.

(B) Particulars of a Charge

Table with 4 main rows: Nature of Charge (Fixed/Floating), Date of creation of the charge, Total Amount secured by the whole series, Amount of the present issue of the series, Dates of the resolutions authorising the issue of the, Date of the covering deed.

<b>(C) Names of Trustees (if any) for debenture holders</b>													Supplementary sheet is available
TIN													
First Name*													
Middle Name													
Last Name*													
Any Former Name													
Gender*	<b>Male</b>		<b>Female</b>										
Nationality*													
Occupation*													
Mobile No 1*													
Email Address*													
House/Building/Flat* (Name or House No.)/LMB													
Street Name*													
City*													
District*													
Region*													
Country*													
TIN*													
Ghana Card (National Identity Card)*													
First Name*													
Middle Name													
Last Name*													
Any Former Name													
Gender*	<b>Male</b>		<b>Female</b>										
Nationality*													
Occupation*													
Mobile No 1*													
Email Address*													
House/Building/Flat* (Name or House No.)/LMB													
Street Name*													
City*													
District*													
Region*													
Country*													

\_\_\_\_\_  
Name\*

\_\_\_\_\_  
Signature(Designation in relation to Company)\*

Date*	D	D	M	M	Y	Y	Y	Y
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<b>For Office Use Only</b>												
Date of Submission of Document*												
Name of Company Inspector*												
Filing Date*												
Signature*												

## **Important Information**

### **Privacy Notice**

**Collection of Information:** We collect personal identifiable information, like names, postal addresses, email addresses, etc., when voluntarily submitted by our customers. The information provided is used to fulfill your specific request.

**Distribution of Information:** This would be done as permitted or required by law / Companies Act 2019 (Act 992)

**Commitment to Data Security:** Your personal identifiable information is kept secure. Only authorized employees, agents and contractors who have agreed to keep information secure and confidential have access to this information.

### **Change Notice**

Every company is required to furnish the Registrar with any change after incorporation e.g. Change of Company Name, Change of Address, Change of Director(s) / Secretary etc.

### **Annual Return of a Company Incorporated**

All companies incorporated are to file mandatory Annual Returns after the first eighteen months together with Audited Accounts and subsequently annually at a fee. Late/Non Filing attracts Penalties

### **Check List (✓)**

Please make sure you have complied with the following

The document has been signed at all indicated places	<input type="checkbox"/>
Agreement stamped at Land Valuation Board	<input type="checkbox"/>
If application exceeds 45 days, then attach extension of time from the court	<input type="checkbox"/>