In accordance with the Companies Act 2019 (Act 992)	BO 2 Beneficial Ownership Declaration Form: Natural Person	Registrar-General's Department

Part A – The Company

1. **Purpose of Beneficial Ownership Information Submission (*Please tick*)**		
		Registration of a new company
		Submission of Annual Returns
		Company Update / Amendments
		Other *(Please specify):*

2. **Company Information**

i. **Full legal name of Company:**	*ii.* **TIN of Company *(if any)*:**
iii. **RGD number *(if any)*:**	*iv.* **Country of incorporation:**

Part B – The Beneficial Owner

1. Beneficial Owners Particulars

i. First or given name:	*ii.* Family or surname:
iii. Any previous name (e.g., maiden name):	*iv.* Date of Birth (DD-MM-YYYY):
v. Place of Birth:	*vi.* Nationality:
vii. Residential Address (including street name, city, state, country, and: Postal/Zip code)	*viii.* Service Address (including street name, city, country, and: Postal/Zip code
ix. Digital address *(if applicable)* (e.g. Ghana Post GPS)*:*	*x.* Tax Identification Number (TIN). *(if applicable):*
xi. Telephone/Mobile Number:	*xii.* Email address:
xiii. Primary ID Type (see instructions):	*xiv.* Primary ID Number *(please attach a copy of your ID):*
xv. ID Issuing Country/ State/Province:	*xvi.* Place of Work and Position Held:

2. **Date BO Became Registerable**	D	D	/	M	M	/	Y	Y	Y	Y

Part C – Politically Exposed Persons (PEP)

i. Is the individual named above a PEP, because of holding a position of importance or being a close relative or associate of a person holding a position of importance?		Yes, they are a domestic Ghanaian PEP
		Yes, they are an international non-Ghanaian PEP
		No *(skip to Part D)*

ii. **Nature of Connection to office holder**		In Person (*skip to iii.)*		Immediate Family of		Close Associate of
a) First or given name of office holder:			*b)* Family or surname of office holder:			
c) Any previous name (e.g. maiden name) of office holder:			*d)* Date of Birth of office holder (DD-MM-YYYY):			
		Head of State / Government		Senior Political Party Official		Government Official		Judicial Official

iii. **Reason for PEP Status (See instructions)**		Military Official		Executive of State-Owned Company		Important Political Party Official	
iv. **Role title of this office holder and office/department**							

Part D - Nature of Interest

1. Is the individual a direct or indirect shareholder in the company?		No *(skip to 2.)*		Yes – Direct		Yes – Indirect
	Effective percentage interest: *i.* Direct:…… *ii.* Indirect:…….					
2. Does the individual control voting rights in the company?		No *(skip to 3.)*		Yes - Direct		Yes – Indirect
	i. % of Voting Rights Held:		Right of Veto? (see instructions) ☐ Yes ☐ No			
3. Does the individual have a right to appoint or remove a majority of the directors?		No		Yes		
4. Does the individual have any form of securities issued by the company? (see instructions)		No *(skip to 5.)*		Yes		
	Description:					
5. Does the individual exercise control or ownership in a way not disclosed in 1 to 4 above?		No		Yes		
	Description:					

ATTESTATION

1. I, undersigned, for and on behalf of the reporting entity confirm that all information provided in the above beneficial ownership declaration is accurate and reliable.

   Name of Director* _____ (Signature)_____

   Position. _____ Date (ddmmyyyy) | | | | | | | | |

2. I, undersigned, for and on behalf of the reporting entity confirm that all information provided in the above beneficial ownership declaration is accurate and reliable.

   Name of Company Secretary* _____ (Signature)_____

   Position. _____ Date (ddmmyyyy) | | | | | | | | |

* In the case of an external company the local manager should sign.

OFFICIAL USE ONLY

To be completed by Registrar-General's Department

Name of Company Inspector _____ (Signature)_____

Date received (ddmmyyyy) | | | | | | | | |

COMPLETION NOTES

BO2

Instructions

Complete all relevant sections in BLOCK letters. If any information to be included on the form, such as a person's name, is not originally in the Latin alphabet, please use a recognised transliteration into the Latin alphabet.

Spell out all words – no abbreviations.

What is this Form?
To enhance transparency in doing business in Ghana and adhere to Ghana's international obligations under the Financial Action Task Force (FATF), the Companies Act, 2019 (Act 992) requires the Office of the Registrar of Companies to obtain, verify, and record information about beneficial owners of companies, as defined under the Act.

Under the Act, every company must complete for BO1 to identify any reportable beneficial owners. To the extent that a company identify any reportable Natural Person beneficial owners by ticking the Natural Person column, a form BO2 must be completed for **each** natural person.

This form collects information on the Natural Person beneficial owners and their interest in the company.

Who must complete this form?
This form must be completed by every company having ticked once or more in the Natural Person column of BO1.

Please note, a separate form BO2 is required for each Natural Person identified on form BO1.

Guidance Notes for completing BO 2 Forms

Section 1

Please tick one box only.

If ticking "Other", please give details.

Section 2

Box i.
Give the full name of the company on whose behalf the form is completed.

Box ii.

Provide the company's TIN.

Box iii

Provide the company's RGD number where applicable.

Box iv

Provide country of incorporation.

Part B

Box i.
Insert the full first or given name or names of the Natural Person as included on form BO1.

Box i.
Insert the full family or surname or names of the Natural Person as included on form BO1.

Box iii.
Insert any previous names used by the Natural Person.

Box iv.
Insert the date of birth including the day, month and year.

Box v.
Insert the place of birth, including both city/village/town and country.

Box vi.
Insert the nationality of the Natural Person. If the person has dual nationality, please insert both.

Box vii.
Insert the residential address, even if that is outside of Ghana.

Box viii.
Insert the service address. This can be the address of the reporting company, or another address via which the person can be contacted.

Box ix.
Insert the digital address, if this is applicable. For example, this could be a Ghana Post GPS address.

Box x.
Insert the TIN of the Natural Person, **NOT** the TIN of the company.

Box xi.
Insert the telephone/mobile number of the Natural Person as provided in *Box i and ii* respectively.

Box xii.
Insert the email address of the Natural Person as provided in *Box i and ii* respectively.
.

Box xiii.
Insert the type of primary ID being provided by the Natural Person. Acceptable forms of personal identification must be valid, issued by a national government agency, and be unique to the natural person. The acceptable forms of identification include:

(a) Passport and issuing jurisdiction
(b) National identity card
(c) Social security number or equivalent
(d) Driving licence

Box xiv.
Insert the ID number from the piece of primary ID identified in box xiii.

Box xiv.
Insert the country, state or province which issued the primary ID identified in box xiii.

Box xiv.
Insert the place of work of the Natural Person, and the most relevant position they hold in that organisation.

Part B, Section 2

Date BO Became Registerable – This is the date on which the Natural Person became a PEP

Part C

Section 1

Politically Exposed Persons Status

Politically Exposed Persons means persons that have been entrusted in prominent public positions and their family members and close associates. Please tick where applicable:

a. Head of State / Government – President, Prime Minister, Vice President or equivalent position, including a former head of state
b. Senior Political Party Official - A rank equivalent to a director or above, including, council members, senior national level and regional level executives and their deputies
c. Government Official – A rank equivalent to director or above

d. Judicial Officer – A rank equivalent to a district court magistrate or above in respect the Judiciary and a rank of a director or equivalent position and above in respect of Judiciary support staff
e. Military Official - Rank equivalent to Lieutenant Colonel or above
f. Executive of a State-Owned Company/Enterprise – Rank equivalent to a director or above, including Board members

A person identified as a PEP remains a PEP for eight years after the person entrusted in a prominent public position has left that office and not been entrusted in another prominent public position.

"immediate family member" includes
(a) spouse or civil partner.
(b) children;
(c) parents;
(d) siblings;
(e) grandparents;
(f) grandchildren; and

"close associate" includes
(a) an individual known to have joint beneficial ownership of a legal entity or a legal arrangement or any other close business relationship with a person entrusted in a prominent public position; and
(b) an individual who has sole beneficial ownership of a legal entity or a legal arrangement that is known to have been set up for the benefit of a person entrusted in a prominent public position.

Section 1
Box i.
PEP Status – please tick only one box

Box ii.
Nature of connection – These boxes declare why the Natural Person is a PEP. They are either:
- In person – So they hold the position of authority set out above
- Immediate family – They are an immediate family member of the person holding the position of authority – children, spouse, siblings, parents
- Close associate – They are a close associate of the person holding the position of authority

Please tick only one box

Boxes a, b, c, and d. – Please insert the full first or given name(s), full family or surname, any previous names and date of birth of the person holding the position of authority

Box iii
Reason for PEP Status – This is the position of influence which results in the person being a PEP. If the reporting person is not themselves in a position of influence, but is a close family member or associate, please identify the role held by the person who makes them a PEP. Please tick only one box

Box iv
Then provide details of the role title and the office/department in the box provided below.

Part D: Nature of Interest

Box 1 – Please select whether the Natural Person has a direct or indirect (via holding companies) shareholding in the company; no, yes (direct) or yes (indirect). Please tick only one box. If yes, please insert the effective percentage interest in the box below.

Box 2 – Please select whether the Natural Person direct or indirect (via holding companies) controls voting rights in the company; no, yes (direct) or yes (indirect). Please tick only one box. If yes, please insert the effective percentage voting rights in the box below, and also whether or not they have a right of veto.

A right of veto exists if the Natural Person can block a decision of the board of the company.

Box 3 – Please select whether the Natural Person has the right to appoint or remove a majority of the directors of the company. This might be the case even if they do not control voting rights as set out in Box 2 above, and they may have a specific separate right.

Box 4 – Please select whether the Natural Person has any other form of securities in the company other than shares disclosed in Box 1 above. This could include share options or warrants. If yes, please provide a description.

Box 5 – Please identify whether the Natural Person exercises control over the company in any other way not already disclosed. If yes, please provide a description.

Attestation
Please complete in full.