



**Savannah Accelerated
Development Authority**



INVESTOR REGISTRATION FORM
Under the SADA Act, 2010, (Act 805).

INFORMATION PROVIDED WILL BE TREATED AS CONFIDENTIAL

To be completed in duplicate and forwarded to:-
The Chief Executive Officer
Savannah Accelerated Development Authority
P. O. Box TL 883
Tamale –Northern Region
Tel: (233-372) 28998, (233-302)776787
Email: info@sadagh.org

FOR SADA OFFICE USE ONLY

- (i) Date Received at SADA:
- (ii) Minimum Foreign Equity Capital requirement satisfied []
- (iii) Application received in good order []
- (iv) Name of Registration Officer:
- (v) Signature:
- (vi) Date Certificate Issued:
- (vii) Certificate Number:

PART 1: ENTERPRISE DATA

1. General:

- (a) Name of Enterprise:
- (b) Address of Enterprise:
 - (i) in Ghana
Tel: Fax:..... Email:.....
 - (ii) outside Ghana
Tel: Fax:..... Email:.....
- (c) Head or Registered Office:
Street/Plot /HNo: Town:
District: Region:
Telephone: Email:
- (d) Contact Person:.....
- (e) Registrar General's Particulars:
 - (i) Certificate of Incorporation No:.....
 - (ii) Type of enterprise (please tick):
 - ☐ Private Limited Liability
 - ☐ Public Limited Liability
 - ☐ Co-operative Society/ Associations
 - ☐ External Company (Liaison Office)
 - ☐ Statutory Board/Gov't & Quasi-Gov't Institution

2. Equity Structure:

- (a) Name of Company
or individual:
- (b) Nationality:
- (c) Shareholding (%):
- (d) *Paid-up Equity: (US\$).....

** In the case of Non-Ghanaian shareholder(s) please attach as evidence Bank transfer receipts and/or Customs Bill of Entries as appropriate and Import Declaration Form (IDF).*

** In the case of a Joint Venture with a Ghanaian, the Ghanaian must have a minimum of 10% shares in the enterprise*

PART 2: PROJECT DATA

1. Project Definition/Concept:

Give a brief description of the project (You may use additional sheets or attachments if necessary):

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2. Location of Project (Must be in the SADA Zone):

- (a) Street/Plot /HNo: Town:
- (b) District: Region:
- (c) Landmarks.....

3. Major Produce/Product(s)/Service and Output level per annum:

(also indicate percentage for export)

- (a)
- (b)
- (c)
- (d)
- (e)

4. Major Raw materials:

| | Item(s) | Source of Supply | |
|----|---------|------------------|---------|
| | | Local | Foreign |
| a) | | | |
| b) | | | |
| c) | | | |
| d) | | | |
| e) | | | |

5. Do you intend to enter into any Technology Transfer Agreement?

Yes [] No [] if yes complete form SADA/S3 in accordance with section 37 of Investment Act

6. Describe effluence and other pollutants resulting from your enterprise, and measures to control same.

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(Note: Environmental Protection Agency (EPA) may require you to submit your project for Environmental Impact Assessment)

7. Project Implementation:

| Implementation Stages | Estimated Date |
|---|----------------|
| (a) Land or Site acquired | |
| (b) Land/Site Preparation completed | |
| (c) Recruitment of Manpower initiated | |
| (d) Building Construction started | |
| (e) Building Construction completed | |
| (f) Machinery Installation started | |
| (g) Machinery Installation completed | |
| (h) Trial Production started (not applicable to services) | |
| (i) Commercial Production/Operations started or service commenced | |

8. Project Cost and Financing:

(A) Sources of Funds:

- * (i) Local Equity - US\$
- (ii) Foreign Equity - US\$
- * (iii) Local Loan - US\$
- (iv) Foreign Loan - US\$
- (v) Suppliers Credit - US\$
- (vi) Others (Specify) - US\$
- (vii) TOTAL - US\$
- * Exchange Rate used: US\$1.00 = GH¢.....

(B) Application of Funds:

| | 20..... | 20..... | 20..... |
|---------------------------------|---------|---------|---------|
| | (US\$) | (US\$) | (US\$) |
| i. Land & Development | | | |
| ii. Building & Structures | | | |
| iii. Machinery & Equipment | | | |
| iv. Motor Vehicles | | | |
| v. Furniture & Office Equipment | | | |
| vi. Working Capital | | | |
| vii. Others (Specify) | | | |
| viii. Total (i – vii) | | | |
| | | | |

9. Employment:

Please state the number of employees

| | <u>Existing Project</u> | | <u>New Project</u> | |
|-------------------------------|-------------------------|------------------|--------------------|------------------|
| | Present Capacity | At Full Capacity | Initial Capacity | At Full Capacity |
| Managerial-Ghanaian | | | | |
| Managerial-Non-Ghanaian | | | | |
| Skilled-Ghanaian | | | | |
| Skilled-Non-Ghanaian | | | | |
| Unskilled-Ghanaian | | | | |
| TOTAL | | | | |

10. Have you entered into any Agreement/Project with SADA in the past?

Yes [] No []

If Yes please indicate nature of Agreement/ project.....

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11. Indicate whether you need any assistance from SADA in the following areas:

Land Acquisition []

Electricity Supply []

Water Supply []

Telephone Connection []

Authorization and Permits [] : Specify

(a)

(b)

©

(d)

(e)

Any other Assistance [] : Specify

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12. Declaration:

I/We hereby confirm that the answers given on this Registration Form are true and correct to the best of my/our knowledge.

I/We would be pleased to provide you with any further information you may require.

| | |
|-----------|------------------------------|
| | |
| SIGNATURE | FULL NAME (IN BLOCK LETTERS) |
| | |
| DATE | PLACE |

.....
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13. Attachments:

Please submit the following documents together with this form:-

- | | |
|--|-----|
| (a) Photo copy of Registrar General's Certificate of incorporation | [] |
| (b) Certified true copy of Company's Regulation | [] |
| (c) Certified copy of certificate to commence business | [] |
| (d) Details of shareholders | [] |
| (e) Any other requirement as may be applicable | [] |

Notes:

1. If there should be changes in respect of the following:-

- (a) Enterprise name/status
- (b) Location
- (c) Ownership Structure; and
- (d) Project Concept

After this registration, please notify the Authority accordingly.

2. Any subsequent changes in ownership structure shall have due regard to the minimum foreign equity requirement.

Contacts

HEAD OFFICE • LIAISON OFFICE

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Tamale, Northern Region
Ghana
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Tel: +233 (0) 37 202 897/8
www.sadagh.org

House # 16, 15th Link, Cantonments
Opposite American Embassy,
Accra-Ghana
Email: nifo@sadagh.org
Tel: +233 (0) 302 776 787
www.sadagh.org

BRONG AHAFO REGIONAL OFFICE • NORTHERN REGIONAL OFFICE

Municipal Assembly Compound
ICT Building
P. O. Box 20
Kintampo

C/O Northern Regional Coordinating Council
P. O. Box TL 100
Tamale

UPPER EAST REGIONAL OFFICE • UPPER WEST REGIONAL OFFICE

c/o The Regional Planning and Coordinating Unit
(RPCU)
Regional Coordinating Council
P. O. Box 50
Bolgatanga

Regional Coordinating Council
P. O. Box 151
Wa

VOLTA REGIONAL OFFICE

c/o Krachi East District Assembly
(World Vision International Premises)
P. O. Box 1
Dambai