

NON-PROFIT ORGANISATION SECRETARIAT (NPOS)

MINISTRY OF GENDER, CHILDREN AND SOCIAL PROTECTION



REPUBLIC OF GHANA

APPLICATION FOR LICENSING OF NON-PROFIT ORGANISATIONS IN GHANA

| Date Submitted | Time Submitted | Reference No. |
|----------------|----------------|---------------|
| | | |

PART I

{Kindly go through the notes before you proceed to fill the Form}

1. This form is to be completed by any organisation seeking licensing under the Non-Profit Organisation Policy (2020) and Directives for the Management of the Non-Profit Organisations Operations in Ghana (2020). Applicants are therefore advised to obtain and familiarize themselves with the Non-Profit Organisation Policy 2020 and Directives for the Management of the Non-Profit Organisations Operations in Ghana (2020).
2. Application for licensing will be submitted to the Head, Non-Profit Organisation Secretariat (NPOS), P.O. Box MBO 186 Ministries-Accra; **Digital Address: GA-110-4673**
3. The following documents must be attached to the Licensing Form before submission: -
 - i) Application letter requesting for Licensing
 - ii) Each official must complete the Form; Personal details of the three top officials in the prescribed form, see (Part III 1-3)
 - iii) A banker's draft indicating the licensing fees payable through the existing Department of Social Welfare procedure as specified in the Fees and Charges Act.
 - iv) A copy of any National ID for Ghanaian nationals and a Bio Page of International Passport for other nationals;
 - v) Two recent colour passport-size photographs on a white background (2x2 inches) of the all Officials.
 - vi) For entity registered in Ghana, copies of Registrar General documents, and for entity registered in a jurisdiction outside Ghana a copy of Certificate of Incorporation in Ghana, a notarized certificate of registration from that jurisdiction and an MoU with the requisite Ministry;
 - vii) A constitution and a copy of resolution of the proposed organisation authorizing the filing of the application;
 - viii) A location of the office, digital address, and postal address of the proposed organisation (LoF-3) signed by the three top officials of the proposed organisation;
4. No organisation will be allowed to operate as a Non-Profit Organisation in Ghana without a license issued by the NPOS;
5. This form is for the purpose of licensing only (*other issues e.g. application for work permit, tax and duty exemptions will be handled separately*) but processed through the NPOS.
6. By filing these forms, the officials confirm and certify that they have read and understood the conditions and further confirm that the information they have given is true to the best

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of their knowledge. That untrue information would be subjected to suspension or revocation of license.

***NB: ALL DOCUMENTS MUST BE COMB BINDED EXCEPT FOR BANKER’S DRAFT**

PART II

(To be completed by the applicant)

(PROPOSED ORGANISATION DETAILS)

1. a) Name of proposed organisation.....
.....
b) Current Postal Address of proposed organisation
.....
c) Current location (physical address) of organisation’s operational/Office
i. Town/City:
ii. Street Address:
iii. Digital Address:
iv. Indicate any other landmarks or sign posts leading to your organisation’s Office:
.....
d) Telephone: e) Cellphone No.....
f) E-mail:
g) Fax
h) District:
i) Region:
j) Does the organisation have any other offices located outside Ghana? Yes No
List all and the addresses (if any).....
.....
.....
2. Date and Country of first registration (applies if the organisation has existing registration status i.e Society, CBO, Trust, Company)
a) Registration Certification Number:
b) Does the organisation have a logo? Yes No If yes, attach a copy of the organisation’s current logo and a former one (if any).
c) Scope of organisation operation: National International
d) Type of organisation: Membership-based Non-membership based
3. a) Main objective of the proposed organisation as provided for in the constitution

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.....

b) what are the strategic objectives of the proposed organisation?

- i).....
- ii).....
- iii).....
- iv).....

(c) Nature of proposed organisation (tick appropriately)

- | | | |
|---|--|--|
| <input type="checkbox"/> Agriculture & Food Security | <input type="checkbox"/> Democracy & Governance | <input type="checkbox"/> Health |
| <input type="checkbox"/> Animal welfare | <input type="checkbox"/> Disaster and Relief | <input type="checkbox"/> HIV/AIDS Awareness |
| <input type="checkbox"/> Advocacy/Research/Policy | <input type="checkbox"/> Drug & Alcohol Addiction | <input type="checkbox"/> Housing & Settlement |
| <input type="checkbox"/> Culture & Youth | <input type="checkbox"/> Education & Vocational Skills | <input type="checkbox"/> Human Right Promotion |
| <input type="checkbox"/> Community/Rural/Development | <input type="checkbox"/> Energy | <input type="checkbox"/> ICT |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Environmental Protection | <input type="checkbox"/> Media |
| | | |
| <input type="checkbox"/> Peace & Security | <input type="checkbox"/> Sports | |
| <input type="checkbox"/> Population & Reproductive Health | <input type="checkbox"/> Water & Sanitation | |
| <input type="checkbox"/> Poverty Relief | <input type="checkbox"/> Welfare | |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Women and Children | |
| <input type="checkbox"/> Road Safety | <input type="checkbox"/> Other..... | |

d) Who are the target group of the organisation?

- | | | |
|---|--|---|
| <input type="checkbox"/> Caregivers for vulnerable Groups (OVC, Elderly, PWDs) | <input type="checkbox"/> Elderly people | <input type="checkbox"/> Poor women |
| <input type="checkbox"/> Children | <input type="checkbox"/> Homeless people | <input type="checkbox"/> Refugess |
| <input type="checkbox"/> Children living with HIV/AIDS | <input type="checkbox"/> Orphans and vulnerable children | <input type="checkbox"/> Society in general |
| <input type="checkbox"/> People living with HIV& AIDS | <input type="checkbox"/> Persons with disability | <input type="checkbox"/> Street Children |
| <input type="checkbox"/> Drug & Alcohol addicts | <input type="checkbox"/> The Poor in general | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Other (specify)..... | <input type="checkbox"/> Prisoners & ex-convicts | |

4. Organisational Focus:

a. What are the key values of your organisation?

- i.
- ii.
- iii.

b. What is the vision of your organisation?

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.....
.....

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c. What is the mission of your organisation?

.....
.....
.....

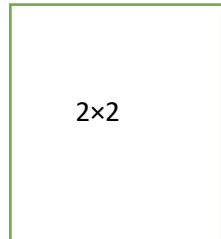
d. What are the key program areas for the organisation?

- i.
- ii.
- iii.
- iv.

e. List programmes/ projects that will be or has been implemented by your organisation?

- a.
- b.
- c.
- d.
- e.
- f.

PART III
(ORGANISATIONAL STRUCTURE)



SECTION-I

(1). Particulars of the Founder(s) (NB. Where there are multiple founder's, please print Section I for each founder)

- a. Name.....
 - Gender.....
 - Postal Address.....
 - Permanent Address.....
 - Residential Address.....
- b. Previous Name (if any).....
- c. Region
- d. District.....
- e. Community
- f. Major landmark.....
- g. Telephone
- h. E-mail
- i. Date and place of Birth.....
- j. Nationality
 - Ghanaian.....
 - Non-Ghanaian (state).....
 - Dual citizenship.....(where applicable)
- k. Nationality at Birth.....
- l. Passport/ID Number.....

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- m. Place of issue of ID/Passport.....
- n. TIN Number.....

2. Qualifications

a. Educational Background

| Name of Schools and Colleges Attended | Certificate Attained | Date | |
|---------------------------------------|----------------------|------|--|
| | | | |
| | | | |
| | | | |

- b. Profession/Occupation.....
- c. Please indicate place and date of attainment.....
- d. Current Employment.....

I certify that I have read and understood the conditions given in part I. I undertake to abide by them as required and hereby confirm that the information given by us in Parts II and Section I is correct to the best of my knowledge.

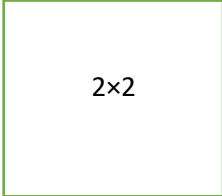
Name

Signature.....

Date.....

SECTION-II

(2) 1. Particulars of the Secretary



- a Name.....
 - Gender.....
 - Postal Address.....
 - Permanent Address.....
 - Residential Address.....
- b. Previous Name (if any).....
- c. Region
- d. District.....
- e. Community
- f. Major landmark.....
- g. Telephone
- h. E-mail
- i. Date and place of Birth.....
- j. Nationality
 - Ghanaian.....
 - Non-Ghanaian (state).....
 - Dual citizenship.....(where applicable)
- k. Nationality at Birth.....
- l. Passport/ID Number.....
- m. Place of issue of ID/Passport.....
- n. TIN Number.....

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2. Qualifications

a. Educational Background

| Name of Schools and Colleges Attended | Certificate Attained | Date | |
|---------------------------------------|----------------------|------|--|
| | | | |
| | | | |
| | | | |

- b. Profession/Occupation.....
- c. Please indicate place and date of attainment.....
- d. Current Employment.....

SECTION-III

(3). Particulars of the Treasurer

Name.....

- Gender.....
- Postal Address.....
- Permanent Address.....
- Residential Address.....

b. Previous Name (if any).....

c. Region

d. District.....

e. Community

f. Major landmark.....

g. Telephone

h. E-mail

i. Date and place of Birth.....

j. Nationality

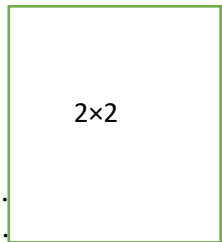
- Ghanaian.....
- Non-Ghanaian (state).....
- Dual citizenship.....(where applicable)

k. Nationality at Birth.....

l. Passport/ID Number.....

m. Place of issue of ID/Passport.....

n. TIN Number.....



2. Qualifications

a. Educational Background

| Name of Schools and Colleges Attended | Certificate Attained | Date | |
|---------------------------------------|----------------------|------|--|
| | | | |
| | | | |

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| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

- b. Profession/Occupation.....
- c. Please indicate place and date of attainment.....
- d. Current Employment.....

I certify that I have read and understood the conditions given in part I. I undertake to abide by them as required and hereby confirm that the information given by us in Parts II and Section II is correct to the best of my knowledge.

Name

Signature.....

Date.....

SECTION IV

1). Particulars of Beneficiary of Owners of the organisation (NB. Where there are multiple beneficiaries please print Section IV for each)

Name.....

- Gender.....
- Postal Address.....
- Permanent Address.....
- Residential Address.....

2x2

- b. Previous Name (if any).....
- c. Region
- d. District.....
- e. Community
- f. Major landmark.....
- g. Telephone
- h. E-mail
- i. Date and place of Birth.....
- j. Nationality
 - Ghanaian.....
 - Non-Ghanaian (state).....
 - Dual citizenship.....(where applicable)
- k. Nationality at Birth.....
- l. Passport/ID Number.....
- m. Place of issue of ID/Passport.....
- n. TIN Number.....

SECTION V

- 1. Does your organisation have a governing policy? **Yes** **No**
- 2. Does your organisation have a decision making board? **Yes** **No**

Personal particulars (NB. Where there are multiple board members, please print Section V for each member)

Name.....

- Gender.....

2x2

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- Postal Address.....
 - Permanent Address.....
 - Residential Address.....
- b. Previous Name (if any).....
- c. Region
- d. District.....
- e. Community
- f. Major landmark.....
- g. Telephone
- h. E-mail
- i. Date and place of Birth.....
- j. Nationality
- Ghanaian.....
 - Non-Ghanaian (state).....
 - Dual citizenship.....(where applicable)
- k. Nationality at Birth.....
- l. Passport/ID Number.....
- m. Place of issue of ID/Passport.....
- n. TIN Number.....

2. Qualifications

a. Educational Background

| Name of Schools and Colleges Attended | Certificate Attained | Date | |
|---------------------------------------|----------------------|------|--|
| | | | |
| | | | |
| | | | |
| | | | |

- b. Profession/Occupation.....
- c. Please indicate place and date of attainment.....
- d. Current Employment.....

3. Does your organisation have official vehicle(s) or other means of transport? Yes No

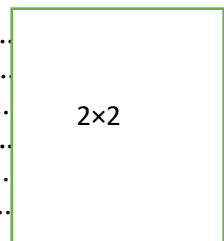
If yes, please list vehicle and registration details

- a)
- b)
- c)
- d)

Personal particulars (NB. Where there are multiple board members, please print Section V for each member)

Name.....

- Gender.....
 - Postal Address.....
 - Permanent Address.....
 - Residential Address.....
- b. Previous Name (if any)
- c. Region
- d. District.....
- e. Community
- f. Major landmark.....



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- g. Telephone
- h. E-mail
- i. Date and place of Birth.....
- j. Nationality
 - Ghanaian.....
 - Non-Ghanaian (state).....
 - Dual citizenship.....(where applicable)
- k. Nationality at Birth.....
- l. Passport/ID Number.....
- m. Place of issue of ID/Passport.....
- n. TIN Number.....

2. Qualifications

a. Educational Background

| Name of Schools and Colleges Attended | Certificate Attained | Date | |
|---------------------------------------|----------------------|------|--|
| | | | |
| | | | |
| | | | |
| | | | |

- b. Profession/Occupation.....
- c. Please indicate place and date of attainment.....
- d. Current Employment.....

4. Does your organisation have official vehicle(s) or other means of transport? Yes No

If yes, please list vehicle and registration details

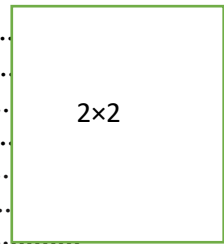
- e)
- f)
- g)
- h)

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Personal particulars (NB. Where there are multiple board members, please print Section V for each member)

Name.....

- Gender.....
- Postal Address.....
- Permanent Address.....
- Residential Address.....



- b. Previous Name (if any).....
- c. Region
- d. District.....
- e. Community
- f. Major landmark.....
- g. Telephone
- h. E-mail
- i. Date and place of Birth.....
- j. Nationality
 - Ghanaian.....
 - Non-Ghanaian (state).....
 - Dual citizenship.....(where applicable)
- k. Nationality at Birth.....
- l. Passport/ID Number.....
- m. Place of issue of ID/Passport.....
- n. TIN Number.....

2. Qualifications

a. Educational Background

| Name of Schools and Colleges Attended | Certificate Attained | Date | |
|---------------------------------------|----------------------|------|--|
| | | | |
| | | | |
| | | | |

- b. Profession/Occupation.....
- c. Please indicate place and date of attainment.....
- d. Current Employment.....

5. Does your organisation have official vehicle(s) or other means of transport? Yes No

If yes, please list vehicle and registration details

- i)
- j)
- k)
- l)

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4. Is your organisation engaged in any income generating activity? **Yes** **No**

If yes, specify.....
.....
.....
.....

5. a) Total Number of Staff:

.....
Permanent (s): Consultant(s): Volunteer(s): Intern(s):

b) Indicate number of Ghanaians and foreign nationals working in your organisation

a) Number of Permanent Staff

- i. Ghanaians: Male..... Female.....
- ii. Non-Ghanaian: Male..... Female.....

b) Number of Volunteers

- i. Ghanaians: Male..... Female.....
- ii. Non-Ghanaian: Male..... Female.....

c) Number of Consultants:

- i. Ghanaians: Male..... Female.....
- ii. Non-Ghanaian: Male..... Female.....

d) Number of Interns

- i. Ghanaians: Male..... Female.....
- ii. Non-Ghanaian: Male..... Female.....

e) Total Number

- i. Ghanaians: Male..... Female.....
- ii. Non-Ghanaian: Male..... Female.....

Total Number: Local (Male)..... (Female)..... **Foreign** (Male)..... (Female)

6. Do you currently receive donor funding? **Yes** **No**

If yes, provide details of your current donor(s) including names, contact and website

- m)
- n)
- o)
- p)

List the categories of donors: Foreign Local Both

7. How many bank account (s) does your organisation have?

List Banker(s) contact details

- q)
- i)
- ii)

8. For Organisation in operation (but not licensed), please indicate:

- Your income for the last financial year.....
- Attached your annual operational report and audited financial report
- a. Other countries of operation (where applicable)
- b. Current and planned regions of operations (specify at most five regions)

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Any additional Information?

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.....
.....

Information certified by me:

Title/designation:

Signature:.....Date:.....

DECLARATION

We hereby declare that the information provided in this application form is true in all respects and We hereby give undertaking that upon grant of the License, We shall abide by the terms and conditions upon which the License is granted.

We accept that our License may be revoked and the appropriate penalty/ penalties applied if it is established that We have been granted License based on false information. We further undertake to abide by other rules, regulations and directives that may be issued.

Date of Submission: ___/___/____ dd / mm / yy

Signature:

- 1.
- 2.
- 3.....

FOR OFFICE USE ONLY

Remarks:.....
.....
.....
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Recommendation for Approval and Award of License:

Approved: Declined: To be reviewed:

Signature:Date:.....

