



**SECURITIES AND EXCHANGE COMMISSION**  
**REGISTRATION OF REPORTING ACCOUNTANTS**  
**FORM SEC D(II)**

1. Type of application. (Please tick)
Initial <span style="margin-left: 200px;">Renewal</span>
2. What type of certificant are you? (Please tick the appropriate alternative)
Individual (Sole Practitioner)
Body Corporate
3. Date of certification (applicable to individual)
4. Date of incorporation (applicable to body corporate)
5. In case of a body corporate, indicate the following:
Licensing Authority
Licence Number
6. Exact name of registrant as specified in his/hers/its practicing certificate
7. Address of principal business offices
8. GRA Identification Number
9. Registrant's telephone number, including area code



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10. Name and position of Key Contact for accountancy engagement purposes (should be a permanent staff person). Please provide address, email, telephone and fax contact details where the Key Contact may be reached.

Name	Position
Email	Telephone/fax

11. Managing Partner:

- a) Name
- b) Years of experience
- c) Membership of Professional Body and Standing. Please attach a separate sheet if the space is not sufficient.

Membership	Standing(Good / Not good)	Practicing Certificate Number
1.		
2.		
3.		
4.		

12. Other Partners

No.	Name	Membership of Professional Body	Practicing Certificate Number	Number of years
Partner 1				
Partner 2				
Partner 3				
Partner 4				



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13. Key Staff (Names and titles of top three staff position incumbents other than the above partners)

- a)
- b)
- c)

14. Indicate number of:

Full-time staff

Part-time staff

15. Please indicate the total number of professional staff and non-professional staff

Professional staff

Non-professional staff

16. Please provide:

- a) Audited financial statements for the two most recent years.
- b) A copy of the Constitution / Regulations/ Agreement of the Firm
- c) A copy of key internal operating procedures
- d) Professional Indemnity Insurance
- e) A copy of the organisation's Code of Ethics or similar documents that govern the professional conduct of your members

17. Name of Company Secretary (if applicable)

18. Name of Solicitors



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**SIGNATURE**

Pursuant to the requirements of Section 146 of the Securities Industry Act of 2016, (Act 929) the registrant has duly caused this registration statement to be signed on its behalf by the undersigned, thereunto duly authorized. ***The signatory shall be only the Managing Partner (or equivalent designated officer)***

I declare that the information provided does not contain untrue statements, misleading facts or omit material facts to the best of my knowledge

(Name)

(Signature)

Date:

**APPLICABLE FEES FOR THE YEAR 2020**

Body Corporate / Sole Practitioner	GHS 2,000
Partner	GHS 1,000

**PAYMENT INSTRUCTIONS**

- ✓ Cheques should be written in the name of the Securities and Exchange Commission and submitted together with completed forms.

Note: The fees shall be paid by the firm and for each partner