



THE REGISTRAR-GENERAL'S DEPARTMENT  
THE COMPANIES ACT 1963 (ACT 179)  
**NOTIFICATION OF CHANGE OF AUDITORS OF A COMPANY**

**FORM 15**

*Pursuant to Section 134 (8)*

**INSTRUCTIONS: COMPLETE FORM WITH BLACK INK AND IN BLOCK LETTERS**  
*PLEASE SPELL OUT ALL WORDS –NO ABBREVIATIONS*  
*\*INDICATES MANDATORY FIELD*

No. of Company -----

<b>(A)</b>															
Name of Company															
	<b>LIMITED</b>														
Presented by															
To the Registrar of Companies	P. O. Box 118, Accra														

**(B) Hereby notifies you in accordance with section 134(8) of the Companies Act,1963, Nature of Change**

* Nature of Change:															
* Date of Change:	dd/mm/yyyy														

**(C) Particulars of Old Auditor**

Auditor's Firm Name:															
Any Former Forename/ Surname:															
*Auditor's Firm Address:															
HNO/LMB:															
P.O.Box PMB / DTD:															
*Auditor's Firm Phone No.:															

Auditor's Firm Mobile No.:																				
Auditor's TIN:																				

<b>(D) Particulars of New Auditor or Additional Auditor</b>																				
Auditor's Firm Name:																				
Any Former Forename/ Surname:																				
*Auditor's Firm Address																				
HNO/LMB:																				
P.O.Box PMB / DTD:																				
*Auditor's Firm Phone No.:																				
*Auditor's Firm Mobile No.:																				
Auditor's TIN:																				

<b>(E) Declaration</b>									
I, -----  Name	Declare that the information given above is correct and complete.								
.....  Signature	Date: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> d d / m m / y y y y								

<b>For Official Use Only</b>									
Document Registration Date:	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> dd/mm/yyyy								
Office Description:	----- -----								
(For instructions as to signing etc. see <b>Notes</b> under)									

## **NOTES**

This Form must be signed by the Director/Secretary, sent by post, e-mail or electronically delivered to the Registrar of Companies, P. O. Box 118, Accra, within 28 days after any change in any of the particulars registered.

Failure, without reasonable excuse, to furnish the Registrar with the required statement of any change in the particulars registered within 28 days of such change will entail liability on conviction to a fine not exceeding GHC 10.00 for every day during which the default continues and any statement which contains any person signing it will entail liability on conviction to imprisonment for a term not exceeding six months or to a fine not exceeding GHC 500.00 or to both such imprisonment and fine.

## **INSTRUCTIONS TO FILL IN NOTIFICATION OF CHANGE OF AUDITORS OF A COMPANY FORM**

### **(\*)Mandatory Fields**

#### **Section A:**

- (i) Registration No.: please write the accurate Registration No. of the company.
- (ii) **Company Name:** Here state the full name of the Company.

#### **Section B:**

##### **Nature of Change**

- (i) **Nature of Change:** Provide here a detailed description of the Nature of Change in the particulars,
- (ii) **Date of Change:** State here the Date of Change in the provided format of (dd/mm/yy).

#### **Section C:**

##### **Particulars of Present Auditor of the Company**

- (i) Here provide the accurate **Taxpayer Identification Number (TIN)** of the Present Auditor of the Company (If Any).
- (ii) Next provide the present **Auditor's Firm Name** in the provided space.
- (iii) Provide any **Former Forename/Surname**
- (iv) Write here the present **Auditor's Firm Address**.
- (v) Provide Mobile No. & Office Telephone No.

#### **Section D:**

##### **Particulars of New Auditor of the Company**

- (i) Here provide the accurate **Taxpayer Identification Number (TIN)** of the new Auditor of the Company (If Any).
- (ii) Next provide the new **Auditor's Firm Name** in the provided space.
- (iii) Provide any **Former Forename/Surname**
- (vi) Write here the new **Auditor's Firm Address**.
- (v) Provide Mobile No. & Office Telephone No.

#### **Section E:**

##### **Declaration**

- (i) Signature of a Director or Secretary
- (ii) State **Date** in the provided space as per provided format of (DD/MM/YYYY).