



AGI
Association of
Ghana Industries

APPLICATION FORM FOR MEMBERSHIP

The Chief Executive Officer
Association of Ghana Industries (AGI)
P. O. Box AN 8624 Accra North
Accra – Ghana

Please tick (✓) on the basis of location of your primary establishment

- | | | |
|---|--|---|
| <input type="checkbox"/> Ashanti Regional Branch | <input type="checkbox"/> Savannah Regional Branch | <input type="checkbox"/> Western Regional Branch |
| <input type="checkbox"/> Accra Regional Branch | <input type="checkbox"/> Western North Regional Branch | <input type="checkbox"/> Central Regional Branch |
| <input type="checkbox"/> North East Regional Branch | <input type="checkbox"/> Tema Regional Branch | <input type="checkbox"/> Upper East Regional Branch |
| <input type="checkbox"/> Bono East Regional Branch | <input type="checkbox"/> Volta Regional Branch | <input type="checkbox"/> Oti Regional Branch |
| <input type="checkbox"/> Ahafo Region Branch | <input type="checkbox"/> Eastern Regional Branch | <input type="checkbox"/> Northern Regional Branch |
| <input type="checkbox"/> Bono Regional Branch | <input type="checkbox"/> Upper West Regional Branch | |

The Chief Executive Officer
 Association of Ghana Industries (AGI)
 P. O. Box AN 8624 Accra North
 Accra – Ghana

Dear Sir/Madam,

RE: Application for Membership

We hereby apply for Ordinary Membership of the Association of Ghana Industries. The parts A, B and C of this form are duly completed by us. Originals of Certificate of Incorporation/Registration and Certificate to Commence Business can be assessed by the AGI upon request. The Application Fee is submitted together with this form.

We recognize that membership will become effective upon full payment of the annual subscription fee, which will be processed upon receipt of a Demand Note of the Association.

Name of Company

Postal Address

Town

Enclosed is one copy each of:

Certificate of Incorporation/Registration No.: Date:

Certificate to Commence Business No.: Date:

.....
 Signed by: Name

.....
 Position

PLEASE COMPLETE IN BLOCK LETTERS. In case space is insufficient attach an additional sheet.

Part A 1 - Company Address and Location

Name of Organisation/Company :

Postal Address : Town:

Company Telephone : Fax:

Company Website :

Company Email :

Location Head Office :

Location Factory :

*** Field with details not to be published and only for AGI purposes.**

Part A 2 – Chief Executive PLEASE COMPLETE IN BLOCK LETTERS

Name of CEO : Title:

Position :

Telephone Direct Line* : Mobile*:

CEO's Email Address* :

Part A 3 - Contact Person for AGI, if different from A2 PLEASE COMPLETE IN BLOCK LETTERS.

Name of Contact Person : Title:

Position :

Telephone Direct Line : Mobile:

Email Address :

Part B - Statistical Data shall be treated strictly confidential and not made available to third parties.

B1 - Company

(1) Ownership Type: Sole Proprietorship Partnership Public Ltd Private Ltd

(2) Ownership Status: Private State Mixed

(3) Please indicate (roughly) the percentage of the company that is owned by:

Ghanaian private: Ghanaian State: Foreign private:

(4) Year the company effectively started operations in Ghana:

(5) No of Employees: (current status)

<20 | 21 - 50 | 51 - 100 | 101 - 250 | 251 - 500 | 501 - 1000 | >1000

(6) Turnover (last financial year) FINANCIAL YEAR:

- | | |
|---|---|
| <input type="checkbox"/> Up to GHc 50,000 | <input type="checkbox"/> Over GHc 1 million up to GHc 10 million |
| <input type="checkbox"/> Over GHc 50,000 up to GHc 100,000 | <input type="checkbox"/> Over GHc 10 million, up to GHc 100 million |
| <input type="checkbox"/> Over GHc 100,000 up to GHc 500,000 | <input type="checkbox"/> Over GHc 100 million |
| <input type="checkbox"/> Over GHc 500,000 up to GHc 1 million | <input type="checkbox"/> Start-up business, no Financial Year completed yet |

B2 Export

(1) Company exported over the last two years Yes No

(2) If yes: less than 10 times 10 times or more

If (1) is yes, main export markets/destinations are:

- | | |
|--|--|
| <input type="checkbox"/> West Africa | <input type="checkbox"/> Asia |
| <input type="checkbox"/> Other African Countries | <input type="checkbox"/> Middle East/Arabic Region |
| <input type="checkbox"/> Europe (EU) | <input type="checkbox"/> North America |
| <input type="checkbox"/> Europe (Non - EU) | <input type="checkbox"/> Others (Specify)..... |

B3 Trade Fairs

The Company is interested to participate at AGI Trade Fairs Yes No Undecided

If yes, in Ghana in ECOWAS Countries

B 4 Imports

Company imports about% of total inputs (raw materials & spare parts - rough estimate)

B5 The Company is already member of:

- Ghana Employers Association (GEA) Ghana National Chamber of Commerce & Industry (GNCCI)
 Federation of Ghanaian Exporters (FAGE) Other (please specify):

.....

Part C - Data will be used for AGI Publications (Membership Directory, Buyers Guide, website, etc.) Your company will be listed in alphabetical order with full details of A1, C2 and C3 under the General Listing. Company's name will also be listed under respective sector(s) in the appropriate Sector Listing. If you require further information, please contact the AGI Secretariat.

C1 - Please select the sector(s) of your companies' main business activity.

If more than one applies, tick up to three major areas. Please do not tick more than three!

Manufacturing of:

- | | | |
|---|--|---|
| <input type="checkbox"/> Radio, Television, Communication Equipment | <input type="checkbox"/> Machinery & Equipment | <input type="checkbox"/> Rubber & Plastic Products |
| <input type="checkbox"/> Paper & Paper Products incl. Packaging Materials | <input type="checkbox"/> Textile | <input type="checkbox"/> Chemical & Chemical Products |
| <input type="checkbox"/> Motor Vehicles, Trailers and other Transport Equipment | <input type="checkbox"/> Garments & Apparel | <input type="checkbox"/> Toiletries & Cosmetics |
| <input type="checkbox"/> Fabricated Metal Products | <input type="checkbox"/> Leather Products | <input type="checkbox"/> Publishing & Printing |
| | <input type="checkbox"/> Furniture | <input type="checkbox"/> Electrical Machinery & Apparatus |
| | <input type="checkbox"/> Pharmaceuticals | Beverages |
| | <input type="checkbox"/> Wood & Wood Products (excl Furniture) | Food |
| | | <input type="checkbox"/> Other (please specify) |

Other Industry:

- Mining & Quarrying Oil & Gas Extraction Electricity, Gas & Water Construction

Services:

- | | |
|---|--|
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Logistics & Transport |
| <input type="checkbox"/> Banking, Financial Services Incl. Insurances | <input type="checkbox"/> Tourism & Hospitality |
| <input type="checkbox"/> Telecommunication | <input type="checkbox"/> Wholesale, Retail, Ex- and Import |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Computer & Software Industries | |

C2 - Our main area of business is: PLEASE, COMPLETE IN PRINTED BLOCK LETTERS.

This entry should describe the purpose and main activity of your business as concise as possible and should give potential clients a good idea about your business.

C3 - Our five (5) main products or services: PLEASE, COMPLETE IN PRINTED BLOCK LETTERS

1. _____
2. _____
3. _____
4. _____
5. _____

To submit your form, click in the checkbox provided below.

- I agree that the information I have provided may be used by AGI.