



APPLICATION FOR LICENSING AS A POSTAL / COURIER SERVICE PROVIDER

**(THE POSTAL AND COURIER SERVICES REGULATORY COMMISSION
ACT, 2003 (ACT 649))**



POSTAL AND COURIER SERVICES REGULATORY COMMISSION

APPLICATION FOR LICENSING AS A POSTAL / COURIER SERVICE PROVIDER

(THE POSTAL AND COURIER SERVICES REGULATORY COMMISSION ACT, 2003 (ACT 649))

1. NAME OF COMPANY/PERSON

*(The Company or
persons' names should
be stated in full)*

2. ADDRESS

*(The physical address, postal address
and telephone and numbers should be
stated)*

Registered office.....
Town.....Street/Road.....GPS.....
Floor.....Room.....
Postal Address.....
Tel No (1)Tel No (2).....E-Mail.....

3. INCOME TAX PERSONAL IDENTIFICATION NUMBER (PIN)

4. *Where the Applicant is not a company*

(Sole Proprietorship)

Name of proprietor	Nationality	Address
1
.....
.....

4.1 Where the Applicant is a Partnership

i) Name of Partners	Nationality	No of shares held
1.
.....
2.
.....
3.
.....
4.
.....

4.2. Where the Applicant is a Company

ii) Name of Director	Nationality	Address
1
.....
2
.....
3
.....
4
.....

4.3 SHAREHOLDING

- i) Local.....% Foreign.....%
- ii) Authorised Shares Issued Shares.....

5. BUSINESS REGISTRATION CERTIFICATE

Cert. No.....Dated.....

6. AfCFTA NUMBER

Number..... Date issued.....
[Get from: www.afcfta.pcsrc.gov.gh]

7. OTHER DETAILS ON APPLICANT

- i) State whether any of the partners/ directors is undischarged bankrupt. (If so indicate the names)
.....
.....
.....
.....
.....

- ii) State whether any of the partners/directors have a beneficial interest in any other business licensed to provide or operate postal services.
.....
.....
.....
.....

- iii) Has any previous application by you been rejected under the Act? (If so give details)
.....
.....
.....
.....

- iv) Has any previous licence granted to you under the Act been cancelled, suspended or modified? (If so give details)
.....
.....
.....
.....

8. DESCRIPTION OF EXPECTED QUALITY OF SERVICE

8.1 Tracking Facility

- Track and trace
- Telephone
- Advice of delivery
- Others (state).....

8.1.1 Do you intend installing a 'track and trace' service? If so when? Give brief particulars of the system's operation

.....

8.2 Delivery Standards	Day	%age
i. Intra City / Town
ii. Inter-City / Town
iii. Intra-District

9. DETAILS OF THE SERVICES/NETWORK PROPOSED.

(Use separate sheet where necessary)

- i. International
- ii. Domestic
- iii. International-In bound only
- iv. Others

10. MODE OF CONVEYANCE

Give details of your mode of conveyance

By own vehicle(s).....

Out sourcing (eg public transport).....

Others.....

11. MANDATORY REQUIREMENTS

- i) Certified copy of proof of registration or incorporation in Ghana
- ii) Social Security Clearance Certificate
- iii) Non-refundable licence application fee of GH **¢150**
- iv) Letter of application with Company Seal (where applicable)
- v) AfCFTA Number (As stated on Item 6)

(All documents attached to this application should be certified as true copies of the originals & information given is subject to verification by the Commission)

12. COMPLETED APPLICATION FORMS SHOULD BE RETURNED TO:-

The Executive Secretary,
Postal and Courier Services
Regulatory Commission,
No.32, 1st Circular Road,
Cantonments,
Accra

OR

P. O. Box GP 245
Accra, Ghana

I/ We hereby certify that the information we have provided in this application is true and correct. I/ We also understand that it is an offence under The Penal Code to give false information in support of any application

Name.....

Designation.....

Signature.....

Date.....

FOR OFFICIAL USE ONLY

The applicant MEETS/ DOES NOT MEET the Commission's requirements and is hereby RECOMMENDED/ NOT RECOMMENDED for approval of licensing as a

.....

The reasons for not recommending the applicant are as follows:-

.....

.....

.....

.....

.....

.....

.....

Name.....Designation.....

Signature.....Date.....

Official stamp