



**GHANA  
CHAMBER OF COMMERCE GUYANA**

**T:+592 674 2315 E:info@ghccgy.com  
www.ghccgy.com**

**301 Church and New Garden Street,  
Queenstown, Georgetown, Guyana.**

**APPLICATION FOR MEMBERSHIP**

NAME OF COMPANY: .....

GEOGRAPHIC ADDRESS: .....

POSTAL ADDRESS: .....

TELEPHONE #: .....FAX: .....

E-MAIL ADDRESS: ..... URL.ADDRESS http://www.....

YEAR INCORPORATED: ..... NO. OF EMPLOYEES: .....

NAME OF CHIEF EXECUTIVE: .....

NAMES OF DIRECTORS: .....

ANNUAL TURNOVER: .....

SALES TERRITORY (CITIES/REGIONS/COUNTRIES): .....

AUTHORIZED DISTRIBUTORS (COMPANY (IES) / PRODUCT(S): .....

COMMERCIAL REFERENCES (IN THE USA, GHANA): .....

BANK (ADDRESS, NAME OF THE ADMINISTRATIVE AGENT): .....

MEMBERSHIP CATEGORY (Please tick): PLATINUM  GOLD  CORPORATE

**TYPES OF BUSINESS**

(Please tick)

- |                 |             |                                  |
|-----------------|-------------|----------------------------------|
| WHOLESALER      | NON-PROFIT  | GOVERNMENT OF GHANA/GUYANA       |
| RETAILER        | CONSULTANT  | FOREIGN GOVERNMENT, WHICH? ..... |
| IMPORTER        | LAWYERS     | FOREIGN COMPANY                  |
| EXPORTER        | PRINTING    | SUBSIDIARY COMPANY OF? .....     |
| MANUFACTURER    | BANK/FUND   | FREIGHT FORWARDER                |
| INSURANCE       | EDUCATION   | CPA (ACCOUNTANT)                 |
| OTHER (SPECIFY) | REAL ESTATE |                                  |

PLEASE LIST THE PRINCIPAL PRODUCTS OR SERVICES:

**PRODUCTS**

MANUFACTURE: .....

.....

DISTRIBUTION: .....

.....

EXPORT:

.....

.....

IMPORT: .....

.....

**SERVICES**

Please specify: .....

.....

**GENERAL INFORMATION**

Does your company have any business transaction with any American company? Yes ..... No.....

Do you have a business partner in America? Yes: ..... No: .....

Will you be prepared to serve on the Chamber's committee Yes: ..... No: .....

**DECLARATION**

I / We wish to be member (s) of the American Chamber of Commerce (Ghana) and if accepted, we agree to be bound by the constitution and Bye-Laws of the Chamber. We will pay all approved fees at the rate in force and we declare that all statements made by us on this application form are correct.

Signature: .....

Position: .....

**RETURN COMPLETED FORM TO:**

THE EXECUTIVE SECRETARY  
GHANA CHAMBER OF COMMERCE GUYANA  
301 NEW GARDEN AND CHURCH STREETS  
GEORGETOWN  
GUYANA  
EMAIL. info@ghccgy.com  
TEL. +592 674 2315

With:

1. Copy of Certificate of Incorporation
2. Copy of Certificate to Commence Business
3. Copy of Company Profile
4. For Individuals – Valid Identification and Profile

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**OFFICIAL USE ONLY**

Membership Number: .....

Date of Acceptance: .....

