



CROSS BORDER WOMEN TRADERS ASSOCIATION

NON BORDER RESIDENT REGISTRATION FORM

PHOTO

BRNCBWTA/VR/_____

BRNCBWTA/VR/_____

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SURNAME: _____

MIDDLE NAME: _____

OTHER NAME: _____

TEL NUMBER : _____

DATE OF BIRTH: _____

PLACE OF BIRTH : _____

PLACE OF RESIDENT: _____

HOUSE NUMBER: _____

APPLICANTS GHANA CARD NUMBER: _____

NAME OF MUNICIPAL ASSEMBLY: _____

ELECTORAL AREA: _____

NAME OF QUEEN MOTHER IN YOUR PLACE OF RESIDENCE: _____

HAVE YOU REGISTERD YOUR BUSINESS YES: NO:

BUSINESS NAME: _____ TIN NUMBER: _____

BUSINESS TYPE 1. Importers: Bring goods into a country 2. Exporters: Send goods out of a country.

CATEGORIES

AGRICULTURAL TRADERS

- a) Farm Produce Traders c) Crop Traders (e.g., grains, fruits, vegetables)
b) Livestock Traders d) Agricultural Input Suppliers (e.g., seeds, fertilizers, equipment)

MANUFACTURING TRADERS

- a) Food Processors (e.g., canning, packaging) c) Handicraft Producers (e.g., woodwork, pottery)
b) Textile Manufacturers d) Semi-Processed Food Manufacturers (e.g., bakery, dairy)

SERVICE TRADERS

- a) Food Vendors (e.g., restaurants, street food)
b) Hawkers (e.g., market stalls, roadside sellers)
c) Artisans (e.g., crafts, repairs)
d) Tourism Service Providers (e.g., accommodations, tour guides)

DO YOU HAVE A SAVINGS ACCOUNT; YES: NO:

Applicant Signature: _____

Date: _____

APPLICANT'S DECLARATION

I, _____, hereby declare that:

1. I have read and understood the Constitution, Bylaws, and Rules and Regulations of the Cross Border Women Traders Association.
2. I am willing to abide by and comply with the said Constitution, Bylaws, and Rules and Regulations.
3. I understand that membership is subject to approval by the Association's Executive Committee.

4. I agree to pay the prescribed REGISTRATION fee and MONTHLY membership dues.
5. I understand that membership benefits are subject to the Association's policies and procedures.
6. I declare that the information provided in this application is true and accurate.
7. I authorize the Association to verify the information provided.
8. I understand that breach of the Association's code of conduct may result in termination of membership.
9. I agree to uphold the objectives and values of the Association.
10. I acknowledge that this declaration is a binding agreement between myself and the Association.

APPLICANT'S INFORMATION

Name: _____

Address: _____ Phone: _____

Email: _____

Signature: _____

Date: _____

GUARANTOR FORM FOR SUB ASSOCIATION HEAD

APPLICANT NAME: _____

SUB ASSOCIATION HEAD :

Name: _____ Title: _____

Market : _____

Phone: _____ Email: _____

GUARANTOR DECLARATION:

I, _____ [Queen Mother Name], _____ hereby guarantee that:

1. I know the applicant and their business.
2. The information provided by the applicant is accurate.
3. I will ensure the applicant adheres to the Association's rules and regulations.

SUB ASSOCIATION HEAD:

Signature: _____

Date: _____

*Note: The form shall be fill by MARKET WOMEN QUEEN OR NCDWTA ASSOCIATION BRANCH
EXECUTIVE THE APPLICANT BELONG*