



Real Estate Agency Council

Regulating the Ghanaian Real Estate Agency Sector

BROKER LICENSING REGISTRATION FORM

SECTION I: PERSONAL INFORMATION

1. Full Name (Surname First): _____
2. Date of Birth (DD/MM/YYYY): _____
3. Nationality: _____
4. Ghana Card Number: _____
5. Email Address: _____

SECTION II : CONTACT INFORMATION

1. Residential Address: _____
2. Street Name: _____
3. Major Landmark: _____
4. Town/City: _____
5. Contact(s): _____
6. Region: _____
7. Postal Address (if different): _____
8. Operational Area(s): _____

SECTION III: BUSINESS/EMPLOYMENT INFORMATION

1. **Profession (Tick one):**

- Lawyer
- Licensed Valuation and Estate Surveyor

Seasoned Real Estate Professional

2. Years of Experience in Real Estate Practice: _____

3. Business/Employer Name (if applicable): _____

4. Business Address/Location: _____

5. Street Name: _____

6. GPS Address: _____

7. Major Landmark: _____

8. Business Registration No. (if self-employed): _____

9. Preferred Mode of Communication.

Phone Call

E-Mail

WhatsApp

SMS

10. Are you associated with local professional network/association/ institution?

Yes No

If Yes, Specify _____

11. Is your firm affiliated with any international network?

Yes No

If Yes, Specify _____

12. Business Structure:

- Sole Broker
- Partnership Broker
- Corporate Brokerage Firm

Other, please specify: _____

SECTION IV: SUPPORTING DOCUMENTS CHECKLIST

Please attach **certified copies** of the following documents:

- Copy of valid professional license/ educational certificate
- Detailed CV highlighting relevant real estate experience
- GRA Tax Clearance Certificate
- Copy of valid Ghana Card or Passport
- Passport-sized photograph (2 copies)
- Police clearance certificate
- Copy of Professional Indemnity Insurance Cover
- Provide payment details

SECTION V: DECLARATION BY APPLICANT

I, the undersigned, hereby declare that all the information provided in this form is true, complete, and correct. I understand that any misrepresentation or omission may lead to refusal or revocation of registration. I also agree to abide by the code of ethics and professional standards set by the Real Estate Agency Council.

Signature: _____

Witness _____

Signature: _____

Date: _____ / _____ / _____

Date: _____ / _____ / _____

FOR OFFICIAL USE ONLY

Application Received On: _____ / _____ / _____

Received By: _____

Signature: _____

Council Stamp

REVIEW STATUS:

Approved

Deferred (Reason): _____

Rejected (Reason): _____

Approved By: _____

Designation: _____

Date: _____ / _____ / _____

Council Stamp

SECTION VI: PAYMENT DETAILS

Bank: Ghana Commercial Bank

Branch: High Street Branch

Account Name: Real Estate Agency Council- REAC

Account Number: 1011130038901

Broker Registration Fee: GHC 2,850