



# Real Estate Agency Council

Regulating the Ghanaian Real Estate Agency Sector

## FOREIGN LICENSING REGISTRATION FORM

### SECTION I: PERSONAL INFORMATION

1. Full Name (Surname First): \_\_\_\_\_
2. Date of Birth (DD/MM/YYYY): \_\_\_\_\_
3. Nationality: \_\_\_\_\_
4. Passport/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):**

- Seasoned Real Estate Broker
- Seasoned Real Estate Agent

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: \_\_\_\_\_

13. Broker Affiliation details:(In the case of agent, kindly provide the details below)

Affiliated Broker Name: \_\_\_\_\_

Broker License Number: \_\_\_\_\_

Brokerage/Agency Name: \_\_\_\_\_

Broker Contact Number: \_\_\_\_\_

Broker's Signature and stamp: \_\_\_\_\_

## 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
- 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

Email: [info@reac.gov.gh](mailto:info@reac.gov.gh) | Digital Address: GL-042-5760 | Contact Number: 030 277 3339 | [www.reac.gov.gh](http://www.reac.gov.gh)

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**

**Foreign Broker Registration fee GHC 3,850**

**Foreign Agent Registration Fee: GHC 2,350**