



**APPLICATION FORM FOR THE
ALLOCATION OF HARVESTED TEAK PLANTATION STANDS FOR
COPPICE MANAGEMENT IN FOREST RESERVES UNDER A LEASE
AGREEMENT**

OCTOBER, 2024

APPLICATION FORM

Information supplied will be treated as

CONFIDENTIAL

For official use only

Application Reference No:

Fee GH¢

Receipt No:

Authorization:.....

Name:.....

To be completed and forwarded to
THE EXECUTIVE DIRECTOR,
FOREST SERVICES DIVISION (FSD)
FORESTRY COMMISSION
P. O. BOX 527
ACCRA, GHANA

COPPICE MANAGEMENT OF HARVESTED TEAK PLANTATION STANDS

The purpose of this application form is to award Harvested Teak plantation stands to private entities for Coppice Management in forest reserves under a Lease Agreement. This Application Form is to ensure that only bona fide corporate bodies in good standing are eligible for the process of allocation of coppice stand for management in our Forestry Commission plantations.

A. INSTRUCTIONS TO APPLICANT

1. An applicant must fill out this form for the purpose of being considered for the allocation of harvested plantation stand for coppice management. (Small, Medium and Large scales).
2. Applicant should complete carefully and in detail, attaching additional pages if necessary and should ensure that all attachments required in support of the application are provided. The Forestry Commission will evaluate applications based on information provided by the Applicants.
3. The fees paid for the purchase of this application form is **not refundable**. Applicant should demand appropriate official receipt upon payment of the application fee.
4. Successful applicants will be required to sign a contract and also meet the following statutory requirements in accordance with L.I. 2254:
 - a. Pay a one-off Coppice management commitment amount of Five (5) USD per hectare-Cedi equivalent.
 - b. Pay Ground Rent (the Cedi equivalent of one (1) USD per hectare per year).
 - c. Supply information that the Forestry Commission may require for the purpose of monitoring the activities of the Coppice Management Lease Holder.
5. Applicant is to ensure that **DECLARATION** in this form is properly authenticated by an authorized representative of the company.
6. Only applications that satisfy the conditions provided herein will be recommended for allocation.
7. The original application form with all relevant attachments should be delivered in a **SEALED ENVELOPE** addressed to the **Executive Director** of the Forestry Services Division at the address below:

Postal Address:

P. O. BOX 527, ACCRA
TEL NO: +233303974119
WEBSITE: www.fcghana.org
EMAIL: info.fsd@fcghana.org

Physical Address:

DIGITAL ADDRESS – GA-386-5326, Westlands near GIMPA

B. APPLICANT SHOULD COMPLETE THE FORM BELOW

Please read all instructions carefully:	Please use CAPITALS
1. APPLICANT ORGANISATION	
Full name of the applicant.	1.1 Applicant's registered name:
Applicant's Registrar General's Business Registration Number. Please attach a Certified copy of the applicant's Business Registration Certificate .	1.2 Applicant's registration number:
	1.3 Date of first Registration:
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/> Day</div> <div style="text-align: center;"><input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/> Month</div> <div style="text-align: center;"><input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/> Year</div> </div>
	1.4 Applicant's Address and Telephone number:
	Postal address: GPS address: Telephone number(s): (Business) Email Address:
Describe the exact nature of the applicant's business activities	1.5 Nature of applicant's Business:
Please tick the appropriate box and for each box you have ticked, attach a clearance certificate from the Ghana Revenue Authority and the Social Security and National Insurance Trust	1.6 Tick boxes if applicant has fully paid the following
	<input type="checkbox"/> Personal Tax <input type="checkbox"/> Corporate Tax TIN:
	<input type="checkbox"/> Social Security
2. TYPE OF ORGANISATION (TICK WHERE APPLICABLE)	

Limited Liability Company	<input type="checkbox"/>
Incorporated partnership	<input type="checkbox"/>
Sole proprietorship	<input type="checkbox"/>

3. FINANCIAL CAPABILITY	
A. How do you plan to finance the forest plantation coppice management? <input type="checkbox"/> Personal <input type="checkbox"/> Loan <input type="checkbox"/> Company	
The Forestry Commission reserves the right to verify and may request the applicant to furnish proof of financial capability.	How much do you intend to invest per annum in the Project?
	GH¢

4. HUMAN RESOURCE CAPACITY	
Evidence of engagement of competent Forester in good standing with Ghana Institute of Foresters. Attach an attestation from the Ghana Institute of Foresters (GIF)	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. KNOWLEDGE IN COPPICE MANAGEMENT

- A. Do you have practical experience in plantation forestry?
 Yes No
- B. Do you have experience in Coppice management?
 Yes No
- C. If Yes to B, what areas have you undertaken the same
- D. Do you have Machinery/Equipment/Tools to undertake Coppice Management?
 If Yes, List them.....
- E. If yes to B, how much was invested (**per ha**)? GH¢

6. ATTACHMENTS

Please tick each box to ensure the following documents, where applicable, are attached with your application.

- | |
|--|
| <input type="checkbox"/> Business Registration Certificate (Attach current renewal receipt) |
| <input type="checkbox"/> Personal Income Tax clearance certificate |
| <input type="checkbox"/> Corporate Tax clearance certificate |
| <input type="checkbox"/> Social Security Clearance Certificate |
| <input type="checkbox"/> Evidence of payment of any Forest levy where applicable |
| <input type="checkbox"/> Original receipt of application fee |

C. DECLARATION

I hereby certify that I am authorized to sign this application on behalf of the applicant.

I further certify that all statements made in this application are to the best of my knowledge true and accurate.

I understand that the Forestry Commission may independently check any records or conduct such audits that it considers warranted to verify the accuracy of any statement made in this application and may take appropriate action against me personally, including criminal proceedings for fraud, should any statement made be shown to be intentionally false or misleading.

For and on behalf of:

Name of Applicant:

Signature:

Name of Authorised Rep.:

Date:

Position:

Official stamp (seal) of Applicant:

Applicants may contact the Forestry Commission for additional information where needed.

Non-disclosure notice: All information provided by the applicant within this application form will be held confidential by the Forestry Commission, unless it was previously in the public domain or unless it is required to be disclosed pursuant to law, in which case the Forestry Commission will give the applicant reasonable notice of the required disclosure.

D. Official Use Only

1. Documentary Review (by the Evaluation Committee)

Application complete

Application incomplete

Reasons for Incomplete Application

2. Case(s) of illegal activity reported against the Applicant for the past two (2) years.

Yes

If yes state the details

3. Is the Applicant indebtedness to the Forestry Commission?

Yes

No

If yes state the amount involved **GH¢**-----

What type of indebtedness (Stumpage/Rent/Other charges)?

EVALUATION COMMITTEE REPORT	
Date Received (As recorded by FC):	
Registration:	<input type="checkbox"/> OK <input type="checkbox"/> Not OK
Financial capacity:	<input type="checkbox"/> OK <input type="checkbox"/> Not OK
Human Resource Capacity:	<input type="checkbox"/> OK <input type="checkbox"/> Not OK
Legal compliance:	<input type="checkbox"/> OK <input type="checkbox"/> Not OK
Decision:	<input type="checkbox"/> Qualified <input type="checkbox"/> Disqualified
Signature:	
	Executive Director, FSD, Forestry Commission