



CalBank SHELL CARD APPLICATION FORM

CORPORATE CLIENTS ONLY

Customer Name _____

Cash
 Cheque
 Cheque Details _____

RE # _____

Represented by _____

Address _____

Telephone (land Line) : _____

Fax _____

Mobile _____

Email _____

Card Holder's Name (Insert as to appear on Face of Card, limited to 15 Characters Only)

Vehicle Registration Number

Card Type (0-Prepaid, 1-PostPaid)	Tank Capacity (Optional) _____	Mileage check ? (Y-YES, N-NO) _____	Multi-Driver Option (0=None, 1=Code, 2=Driver PIN*) _____	Enter the Product Code _____	Enter the Day/Time Option Day/Time Override ? (Y-YES, N-NO) _____	Zones ** 1 GI/ Accra 2 Western 3 Central 4 Eastern 5 Volta 6 Ashanti 7 Brong Ahafo 8 Northern 9 Upper West Override ? (Y-YES, N-NO) _____	RESTRICTIONS			Prepaid Card Only Value of First Loading for Pre-paid Card _____	Roam _____	Card Number
	Amount on All Products	Amount on White Products	Volume on White Products									
	MANDATORY											
	Value Limit (Amount) for a Period of 1 Month	Value Limit (Amount)	Period (D-Day, W-Week, M-Month)	Override on Restriction ? (Y-YES, N-NO)	Value Limit (Volume)	Period (D-Day, W-Week, M-Month)	Override on Restriction ? (Y-YES, N-NO)					
	_____	_____	_____	_____	_____	_____	_____					

Product Codes Table	
1	All products & Services (including Shop)
2	Super Extra
3	V-Power
4	Diesel
5	Diesel Extra
6	Super Extra + V-Power
7	Diesel + Diesel Extra
8	Super Extra + V-Power + Lubes +SVS
9	Diesel + Diesel Extra + Lubes + SVS
10	Super Extra + V-Power + Diesel + DX +Kerosene + Lubes
11	Super Extra + V-Power+ Diesel + DX +Lubes

Date of Application _____

Customer Authorisation to create cards (Authorised Signatory) _____

Day/Time Table	
1	Weekdays only
2	All days of the week
3	Daytime only (6am - 6pm) / Weekdays only
4	Daytime only (6am - 6pm) / All days of the week
Period	
DAY	From 00.00am to 11.59 pm
WEEK	From Monday to Sunday
MONTH	From the 1st to the last day of the Month

* If you select option 2, please attach Names of Drivers and their 4-digit individual PINS

** Zones: You can select more than one zone.

Prepaid Total Initial Value: _____

For Office Use Only	
New Client <input type="checkbox"/>	Client Number: _____
Client Type Code: _____	PrePaid Card Max EP: _____ Max TopUp: _____
JDE No: _____	Client Credit Limit: _____
BANK A/C No: _____	
Card Manager: _____	Date: _____
Class of Business Manager: _____	Date: _____
Finance Manager: _____	Date: _____
Received Date by ETL: _____ / _____ / _____ ETL Signature: _____ Received Date by SHELL: _____ / _____ / _____ Shell Ghana Limited (Card Manager) Comments:	
Accepted <input type="checkbox"/> Rejected <input type="checkbox"/>	



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CORPORATE CLIENTS ONLY

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 Represented by _____
 Address _____
 Telephone (land Line) : _____
 Fax _____
 Mobile _____
 Email _____

Cash Cheque Cheque Details _____
 RE # _____

Card Holder's Name (Insert as to appear on Face of Card, limited to 15 Characters Only) _____
 Vehicle Registration Number _____

Card Options			Zones **								
Card Type (0-Prepaid, 1-PostPaid)	Tank Capacity (Optional)	Mileage check ? (Y-YES, N-NO)	1	2	3	4	5	6	7	8	9
Multi-Driver Option (0=None, 1=Code, 2=Driver PIN*)	Enter the Product Code	Enter the Day/Time Option	GI Accra	Western	Central	Eastern	Volta	Ashanti	Brongh Ahafo	Northern	Upper West
Day/Time Override ? (Y-YES, N-NO)											Override ? (Y-YES, N-NO)

RESTRICTIONS				Prepaid Card Only	Roam
Amount on All Products		Amount on White Products	Volume on White Products	Value of First Loading for Pre-paid Card	
MANDATORY		Value Limit (Amount)	Period (D-Day, W-Week, M-Month)		
Value Limit (Amount) for a Period of 1 Month					
Override on Restriction ? (Y-YES, N-NO)		Override on Restriction ? (Y-YES, N-NO)			

Card Number

1	All products & Services (including Shop)
2	Super Extra
3	V-Power
4	Diesel
5	Diesel Extra
6	Super Extra + V-Power
7	Diesel + Diesel Extra
8	Super Extra + V-Power + Lubes +SVS
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** Zones: You can select more than one zone.

For Office Use Only		Client Number: _____	
New Client <input type="checkbox"/>	PrePaid Card <input type="checkbox"/>	Received Date by ETL	Processed Date by ETL
Client Type Code: _____	Max EP: _____	ETL Signature _____	ETL Signature _____
JDE No: _____	Max TopUp: _____	Received Date by SHELL	Shell Ghana Limited (Card Manager)
BANK A/C No: _____	Client Credit Limit: _____	Comments:	
Card Manager _____	Date: _____	Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>
Class of Business Manager _____	Date: _____		
Finance Manager _____	Date: _____		