



Pre-Approved Acceptance Form

You have been specially pre-approved for a Cave Shepherd Card.

If you wish to have this limit increased, kindly submit the following documentation with your completed Acceptance Form:
Job Letter (must be working for more than six (6) months at current job)

PERSONAL DETAILS										
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Last Name		First Name			Middle Name		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	Date of Birth DD MM YYYY	
National Identification Number/Driver's License			Nationality			# of Dependents		Age of Dependents		
Last Name of Spouse			First Name of Spouse			# of Years at Address		Home Telephone		Mobile Telephone
Current Address							Email Address			
Mailing Address (if different from Current Address)										
Previous Address (if at Current Address less than two years)										

EMPLOYMENT INFORMATION				
Name of Employer		Your Job Position	Work Telephone Number	# of Years at Workplace
Employer Address				
Name of Previous Employer		Your Previous Job Position	Work Telephone Number	# of Years at Workplace
Previous Employer Address (if at Current Address less than two years)				

FINANCIAL INFORMATION				
Name of Primary Bank		Bank Address		
Income \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Other Income \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Source of Other Income
Account types held <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Loans <input type="checkbox"/> Credit Card		# of Credit Cards	Home Ownership Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (please expand)	
				Total Monthly Expenses \$

REFERENCE INFORMATION (Please List one Relative and one Friend Not Living With You)					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Last Name		First Name		Middle Name
Relationship		Work Telephone	Home Telephone	Mobile Telephone	
Current Address					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Last Name		First Name		Middle Name
Relationship		Work Telephone	Home Telephone	Mobile Telephone	
Current Address					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Last Name		First Name		Middle Name
Relationship		Work Telephone	Home Telephone	Mobile Telephone	
Current Address					
Notes					

SUMMARY OF TERMS AND CONDITIONS	
<p>I certify that the above information is true and complete and that this information is provided for the purpose of obtaining a Cave Shepherd Card Account. I, the Authorised User, agree to the terms and conditions of the Cave Shepherd Cardholder Agreement and agree to repay all credit extended under this application. I authorize Cave Shepherd & Co. Limited (the "Company") to investigate my credit through registered credit reference agencies and to make any other enquiries the Company may consider relevant in processing this application. I also authorize Cave Shepherd to issue an additional Cave Shepherd Card to any person named as an Additional Cardholder.</p> <p>I understand that a condition of my approval of the Cave Shepherd Card Account is to enroll in the Creditor Life Insurance Program. I understand that to be eligible for insurance coverage, I must be at least 18 years of age and under age 70 and that I am further bound by the terms and conditions as stated in the documentation pertaining to the Creditor Life Insurance. I authorize Cave Shepherd to provide the Insurance Company with my Cave Shepherd Card Account Number, mailing address, statement balance and to charge my monthly premiums to my Cave Shepherd Card Account.</p> <p>If so registered and accessing the CS Online and Cave Shepherd Card Mobile App Service, I agree to use the User ID provided as part of the registration process and also agree to change any temporary passwords provided during my first log in. I agree to remain solely responsible for management of my online access and to report any changes to my registered information to Cave Shepherd.</p> <p>It is understood that by signing this application, making use of my Cave Shepherd Card and accessing the Cave Shepherd Card Mobile App and/or CS Online Service, if so registered, that I the Authorised User and all Additional Cardholders have received and read and understood the terms and conditions set out in the Cave Shepherd Mobile Digital Terms and Cave Shepherd Cardholder Agreement.</p>	
Customer Signature X _____	Additional Card Holder X _____
Date _____	Date _____

FOR INTERNAL USE ONLY		
Partner Representative Name	Partner Representative Signature	Date Submitted
Credit Limit Assigned \$	Fees \$	Date Card Is Issued DD MM YYYY
Account Number	Credit Score	
Customer Risk Rating	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
CS ONLINE SERVICE (where applicable)		
User ID Assigned	Temporary Password Assigned	
Interviewed & Processed By		
Employee Name	Employee Signature	Date Completed
Authorized By		
Employee Name	Employee Signature	Date Completed
Card issued by		
Employee Name	Employee Signature	Date Completed