



APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: JDEIDEH : Ref#: OT/JD/ :
Ordering Customer: SNS APJ :
Customer's Address: :
By debiting the A/C#: LB08004820500265210024602000 :
Please pay to Beneficiary's **B.O.B. SAL** :
Bank: **Bauchrieh Branch** :
Swift Code: BABELBBE :
Intermediary Bank Name & SWIFT Code: :
A/C Number: :
Beneficiary's Name: SNS SUPPLY NETWORK SOLUTIONS SAL OFFSHORE :
Beneficiary's Address: Bauchrieh, Electricity Street, Hachem Center, 1st Floor :
Beneficiary's A/C#: :

Sort Code	IBAN	ABA / or FW
	LB770075000000011401 64905400	

Amount: :
Rate: C/V: USXXX
Chg.:
Value Date: 22/08/2016 Comm.:
Total:
Correspondent: OP Code:
Details Of Charges: ☐ SHA ☐ BEN ☐ OUR
Purpose Of Payment: Alimentation de Compte

I/We the undersigned hereby grant, at my/our own liability, Saradar Bank SAL the express authorization to communicate to its Correspondent Bank any requested information for the purpose of executing the above transfer such as: my/our full name and address, my/our respective account number, etc. without any responsibility whatsoever from any kind from the Bank's side.

I/We the undersigned confirm having irrevocably requested from you to execute the above-described transfer, releasing any liability from your side, for any delay or non-reception of funds by the beneficiary, that may arise.

Date: 22/08/2016

Signature:

Prepared by

Compliance Officer

Approved by