

APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: JDEIDE Ordering Customer: Customer's Address	SNS APJ	li	Ref#:	OT/JD/		رقم : العميل : العنوان :
By debiting the A/C Please pay to Benef	iciary's B.O.	0265210024602000 B. SAL				رقم الحساب:
Bank: Swift Code:	BABELBBE	chrieh Branch				ادفع لأمر مصرف: رقم السويفت:
	Name & SWIFT Code:					رقم السويف :
A/C Number:	tame a strin i coaci					لحساب رقم:
Beneficiary's Name: SNS SUPPLY NETWORK SOLUTIONS SAL OFFSHORE						اسم المستفيد :
Beneficiary's Address: Bauchrieh, Electricity Street, Hachem Center,				oor		عنوان المستفيد
Beneficiary's A/C#:						رقم حساب المستفيد:
Sort Code		IBAN			ABA / or FW	
		LB7700750000000 64905400	11401			
Amount:						:
Rate:			C/V:		US3638.55	
			Chg.:			
Value Date: ()2/05/2017		Comm.	:		
			Total:			
Correspondent:			OP Cod	-		
Details Of Charge		□ SHA	☐ BEN		ı	OUR
Purpose Of Paym	ent: Alimer	tation de Compte				
communicate to i such as: my/our f whatsoever from I/We the undersig	ned hereby grant, at its Correspondent Bar full name and address any kind from the Ba gned confirm having in hility from your side, f	ik any requested info , my/our respective a nk's side. revocably requested	rmation for account nur from you t	the punber, e	rpose of execut tc. without any ute the above-de	ing the above transfer responsibility escribed transfer,
Date:	02/05/2017		Signature:			
Prepared by		Compliance Officer			Approved by	