

APPLICATION ORDER FOR OUTGOING TRANSFER

| Branch: JDEIDEH | الفرع : | Ref#: C | DT/JD/ | رقم : |
|--|--|--|--|--|
| Ordering Customer: S | NS APJ | | | العميل: |
| Customer's Address: | | | | العنوان : |
| By debiting the A/C#: | B080048205002652100246020 | 000 | | رقم الحساب: |
| Please pay to Beneficiary's | B.O.B. SAL | | | |
| Bank: | Bauchrieh Branch | | | ادفع لأمر مصرف: |
| | ELBBE | | : | |
| Intermediary Bank Name & SV | VIFT Code: | | | |
| A/C Number: | | | : | |
| • | SUPPLY NETWORK SOLUTIONS S | | : | |
| Beneficiary's Address: | Sauchrieh, Electricity Street, Hac | chem Center, 1st Floo | or : | |
| Beneficiary's A/C#: | | | : | |
| Sort Code | IBAN | | ABA / or FW | |
| | LB7700750000 64905400 | 00011401 | | |
| Amount: | | | | : |
| Rate: | | C/V: | US3638.55 | |
| | | Chg.: | | |
| Value Date: 02/05/2017 | 7 | Comm.: | | |
| | | Total: | | |
| Correspondent: | | OP Code: | | |
| Details Of Charges: | □ SHA | □ BEN | | □ OUR |
| Purpose Of Payment: | Alimentation de Compte | | | _ 0011 |
| communicate to its Corresp such as: my/our full name a whatsoever from any kind f I/We the undersigned confin | by grant, at my/our own liabil condent Bank any requested and address, my/our respecti from the Bank's side. I'm having irrevocably reques your side, for any delay or no | information for the ve account numbe sted from you to ex | e purpose of execuer, etc. without any execute the above-c | ting the above transfer responsibility described transfer, |
| Date: 02/05/20 | 017 | Signa | ture: | |

Approved by

Compliance Officer

Prepared by