

APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: JDEIDEH	Ref#: SNS APJ	OT/JD/	رقم العميل :
Ordering Customer:			العنوان :
Customer's Address:			رقم الحساب :
By debiting the A/C#:	LB08004820500265210024602000		ادفع لأمر مصرف :
Please pay to Beneficiary's	B.O.B. SAL		
Bank:	Bauchrieh Branch		
Swift Code:	BABELBBE		رقم السويقت :
Intermediary Bank Name & SWIFT Code:			
A/C Number:			لحساب رقم :
Beneficiary's Name:	SNS SUPPLY NETWORK SOLUTIONS SAL OFFSHORE		اسم المستفيد :
Beneficiary's Address:	Bauchrieh, Electricity Street, Hachem Center, 1 st Floor		عنوان المستفيد :
Beneficiary's A/C#:			رقم حساب المستفيد :

Sort Code	IBAN	ABA / or FW
	LB770075000000011401 64905400	

Amount:			المبلغ :
Rate:		C/V:	US3638.55
		Chg.:	
Value Date:	02/05/2017	Comm.:	
		Total:	
Correspondent:		OP Code:	
Details Of Charges:	<input type="checkbox"/> SHA	<input type="checkbox"/> BEN	<input type="checkbox"/> 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: 02/05/2017	Signature: _____
Prepared by _____	Compliance Officer _____
	Approved by _____

