

APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: JDEIDEH	:	Ref#:	OT/JD/ :
•	NS APJ		<u> </u>
Customer's Address:	D00004020E0026E21002	4602000	·
By debiting the A/C#: L Please pay to Beneficiary's	B0800482050026521002 B.O.B. SAL	4602000	·
Bank:	Bauchrieh Brar	nch	:
Swift Code: BABE	ELBBE		:
Intermediary Bank Name & SW	/IFT Code:		
A/C Number:			:
Beneficiary's Name: SNS	SUPPLY NETWORK SOLUT	TIONS SAL OFFSHORE	:
Beneficiary's Address: B	auchrieh, Electricity Stree	et, Hachem Center, 1 ^s	Floor :
Beneficiary's A/C#:			:
Sort Code	IBAN		ABA / or FW
	LB7700750000 64905400	000011401	
Amount:			:
Rate:		C/V:	USXXX
		Chg.:	
Value Date: 02/05/2017		Comm.:	
		Total:	
Correspondent:	E CHA	OP Code:	E OUR
Details Of Charges: Purpose Of Payment:	☐ SHA	□ BEN	□ OUR
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I/We the undersigned hereby of communicate to its Correspondence as: my/our full name and whatsoever from any kind from	dent Bank any requested address, my/our respect	information for the pr	urpose of executing the above transfer
I/We the undersigned confirm	having irrevocably reque		ute the above-described transfer, by the beneficiary, that may arise.
Date: 02/05/2017	,	Signatur	e:
Prepared by	Complianc	e Officer	Approved by