

APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: JDEIDEH Ordering Customer:	: { SNS APJ	الفرخ	Ref#:	OT/JD/	رقم : العميل :
Customer's Address:	3113 AI J				العنوان : العنوان :
By debiting the A/C#: LB08004820500265210024602000 :					
Please pay to Beneficiar	y's B .	O.B. SAL			
Bank:		auchrieh Branch			:
Swift Code:	BABELBBE				:
Intermediary Bank Nam	e & SWIFT Code:				
A/C Number:	CNC CLIDDLY NE	TWORK COLUTIONS CAL	OFFCHORE		:
Beneficiary's Name:		TWORK SOLUTIONS SAL (:
Beneficiary's Address:	Bauchrieh, E	Electricity Street, Hachem	Center, 1st Flo		:
Beneficiary's A/C#:				:	
Sort Code		IBAN		ABA / or FW	
		LB770075000000011 64905400	.401		
Amount:					:
Rate:			C/V:	US3638.55	
			Chg.:		
Value Date: 02/05	/2017		Comm.:		
			Total:		
Correspondent:			OP Code:		
Details Of Charges:		□ SHA	□ BEN		□ OUR
Purpose Of Payment:	Alimen	tation 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: 02/0	05/2017	Signature		re:	
Prepared by		Compliance Offic	cer	Арр	proved by