

APPLICATION ORDER FOR OUTGOING TRANSFER

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

Sort Code	IBAN	ABA / or FW
	LB770075000000011401 64905400	

Amount: _____	: المبلغ			
Rate: _____		C/V: <u>US3638.55</u>		
		Chg.: _____		
Value Date: <u>02/05/2017</u>		Comm.: _____		
		Total: _____		
Correspondent: _____		OP Code: _____		
Details Of Charges: <input type="checkbox"/> SHA		<input type="checkbox"/> BEN		<input type="checkbox"/> OUR
Purpose Of Payment: <u>Alimentation de Compte</u>				

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: <u>02/05/2017</u>		Signature: _____	
Prepared by	Compliance Officer	Approved by	

