



## APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: JDEIDEH : Ref#: OT/JD/ :  
Ordering Customer: SNS APJ :  
Customer's Address: :  
By debiting the A/C#: LB08004820500265210024602000 :  
Please pay to Beneficiary's **B.O.B. SAL** :  
Bank: **Bauchrieh Branch** :  
Swift Code: BABELBBE :  
Intermediary Bank Name & SWIFT Code: :  
A/C Number: :  
Beneficiary's Name: SNS SUPPLY NETWORK SOLUTIONS SAL OFFSHORE :  
Beneficiary's Address: Bauchrieh, Electricity Street, Hachem Center, 1<sup>st</sup> Floor :  
Beneficiary's A/C#: :

Sort Code	IBAN	ABA / or FW
	<b>LB770075000000011401</b> <b>64905400</b>	

Amount: :  
Rate: C/V: USXXX  
Chg.:  
Value Date: 02/05/1717 Comm.:  
Total:  
Correspondent: OP Code:  
Details Of Charges: ☐ SHA ☐ BEN ☐ 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:** 02/05/1717

**Signature:**

**Prepared by**

**Compliance Officer**

**Approved by**