

APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: JDEIDEH	الفرع :	Ref#:	OT/JD/	رقم :	
•	SNS APJ			العميل:	
Customer's Address:				:	
, ,	B08004820500265210024	602000		:	
Please pay to Beneficiary's Bank:	B.O.B. SAL Bauchrieh Brand	:h		:	
	ELBBE			:	
Intermediary Bank Name & S\	WIFT Code:				
A/C Number:	CURRILY NETWORK COLUTION	ONG GAL OFFGLIORE		:	
	SUPPLY NETWORK SOLUTION			:	
•	Bauchrieh, Electricity Street	, Hachem Center, 1	st Floor	:	
Beneficiary's A/C#:			:		
Sort Code	IBAN		ABA / or FW		
	LB77007500000 64905400	0011401			
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:	Alimentation de Compte				
I/We the undersigned hereby communicate to its Correspor such as: my/our full name and whatsoever from any kind from I/We the undersigned confirm releasing any liability from yo	ndent Bank any requested in d address, my/our respectiv m the Bank's side. having irrevocably request	nformation for the pre account number, sed from you to execute	ourpose of execution etc. without any recute the above-de	ng the above transfer esponsibility scribed transfer,	
releasing any hability from yo	ar side, for diffy delay of flor	ii reception of fullus	, by the beneficial	y, chac may anse.	
Date: 02/05/201	7	Signature:			
Prepared by	Compliance	Compliance Officer		Approved by	