

## APPLICATION ORDER FOR OUTGOING TRANSFER

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

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

Amount: \_\_\_\_\_ : المبلغ  
 Rate: \_\_\_\_\_ C/V: US3638.55  
 Value Date: 02/05/2017 Chg.: \_\_\_\_\_  
 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: 02/05/2017 Signature: \_\_\_\_\_

Prepared by \_\_\_\_\_ Compliance Officer \_\_\_\_\_ Approved by \_\_\_\_\_

