

APPLICATION ORDER FOR OUTGOING TRANSFER

| Branch: JDEIDEH Ordering Customer: SNS APJ Customer's Address: | الفرع : | Ref#: | OT/JD/ | رقم : العميل : : | |
|--|---|--|---|--|--|
| By debiting the A/C#: LB0800 Please pay to Beneficiary's Bank: | 4820500265210024602000 B.O.B. SAL Bauchrieh Branch | 0 | | : | |
| Swift Code: BABELBBE | | | | : | |
| Intermediary Bank Name & SWIFT Co | ode: | | | | |
| A/C Number: | V NETWORK COLUTIONS CA | | | : | |
| | Y NETWORK SOLUTIONS SA | | | : | |
| - | eh, Electricity Street, Hach | em Center, 1 st | Floor | : | |
| Beneficiary's A/C#: | | | : | | |
| Sort Code | IBAN | | ABA / or FW | <u> </u> | |
| | LB770075000000011 64905400 | 1401 | | | |
| 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: Alin | nentation de Compte | | | | |
| I/We the undersigned hereby grant, communicate to its Correspondent such as: my/our full name and addr whatsoever from any kind from the I/We the undersigned confirm havin releasing any liability from your side | Bank any requested inform ess, my/our respective acc Bank's side. g irrevocably requested fr | nation for the count number rom you to exc | purpose of exec , etc. without ar ecute the above | cuting the above transfer ny responsibility -described transfer, | |
| Date: 02/05/2017 | | Signature: | | | |
| Prepared by | Compliance Offi | Compliance Officer | | Approved by | |