

## 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 : B.O.B. SAL :  
 Bank: Bauchrieh Branch : ادفع لأمر مصرف :  
 Swift Code: BABELBBE : رقم السويقت :  
 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
	LB770075000000011401 64905400	

المبلغ :

Amount: :  
 Rate: C/V: US3638.55  
 Value Date: 02/05/2017 Chg.:  
 Correspondent: Comm.:  
 Details Of Charges: ☐ SHA Total:  
 Purpose Of Payment: Alimentation de Compte OP Code: ☐ BEN ☐ OUR

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