

## APPLICATION ORDER FOR OUTGOING TRANSFER

|                                      |   |        |                     |
|--------------------------------------|---|--------|---------------------|
| Branch: JDEIDEH                      | Ref#: SNS APJ   | OT/JD/ | رقم : العميل        |
| Ordering Customer:                   |   |        | العنوان :           |
| Customer's Address:                  |   |        | رقم الحساب :        |
| By debiting the A/C#:                | LB08004820500265210024602000  |        | ادفع لأمر مصرف :    |
| Please pay to Beneficiary's          | <b>B.O.B. SAL</b>   |        |                     |
| Bank:                                | <b>Bauchrieh Branch</b>   |        |                     |
| 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 |
|-----------|-------------------------------------|-------------|
|           | <b>LB77007500000001140164905400</b> |             |

|                     |                              |                              |                              |
|---------------------|------------------------------|------------------------------|------------------------------|
| Amount:             |                              | المبلغ :                     |                              |
| Rate:               |                              | C/V:                         | US3638.55                    |
| Value Date:         | 02/05/2017                   | Chg.:                        |                              |
|                     |                              | Comm.:                       |                              |
|                     |                              | Total:                       |                              |
| Correspondent:      |                              | OP Code:                     |                              |
| Details Of Charges: | <input type="checkbox"/> SHA | <input type="checkbox"/> BEN | <input type="checkbox"/> 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**