

## 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			ادفع لأمر مصرف :
Bank: Bauchrieh Branch			
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	

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

