

## APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: JDEIDE	:H	الفرع :	Ref#:	OT/JD/	:
Ordering Customer:	SNS APJ				:
Customer's Address	:				:
By debiting the A/C	#: LB08004	8205002652100246020	000		:
Please pay to Benef	iciary's	B.O.B. SAL			
Bank:		Bauchrieh Branch			:
Swift Code:	BABELBBE				:
Intermediary Bank I	Name & SWIFT Cod	le:			
A/C Number:					:
Beneficiary's Name:		NETWORK SOLUTIONS			:
Beneficiary's Addres	ss: Bauchrie	h, Electricity Street, Had	chem Center, 1s	Floor	:
Beneficiary's A/C#:				:	
Sort Code		IBAN		ABA / or FW	
		LB77007500000001 64905400	1401		
Amount:					:
Rate:			C/V:	US3638.55	
			Chg.:		
Value Date: 02/	05/2017		Comm.:		
			Total:		
Correspondent:			OP Code:		
Details Of Charges:		□ SHA	□ BEN	T.	OUR
Purpose Of Paymen	t: Alimei	ntation de Compte			
communicate to its such as: my/our full whatsoever from an I/We the undersigne	Correspondent Ba name and address y kind from the Ba d confirm having i	rrevocably requested fr	nation for the pu count number, e rom you to exec	urpose of execut etc. without any i ute the above-de	ing the above transfer responsibility escribed transfer,
5	zy from your side, 1 2/05/2017	or any delay or non-rec	ception of funds Signatur	•	ry, that may arise.
Prepared by		Compliance Officer		Approved by	