

APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: JDEIDE	الفرع: H	Ref#:		OT/JD/	رقم:
Ordering Customer:		SNS APJ			العميل:
Customer's Address:					العنوان :
By debiting the A/C#:	A/C#: LB08004820500265210024602000				رقم الحساب :
Please pay to Beneficiary's	B.O.B. SAL				ادفع لأمر مصرف:
Bank:	Bauchrieh Branch				
Swift Code:	BABELBBE				رقم السويفت :
Intermediary Bank Name & S	WIFT Code:				
A/C Number:					لحساب رقم :
Beneficiary's Name:	SNS SUPPLY NETWORK SOLUTIONS SAL OFFSHORE			DRE	اسم المستفيد :
Beneficiary's Address:	Bauchrieh, Electricity Street, Hachem Center, 1st Floor			عنو ان المستفيد	
Beneficiary's A/C#:					رقم حساب المستفيد :
Sort Code	IBAN	IBAN ABA / or F			N
	LB770 6490	007500000001140 5400	1		
Amount:					المبلغ:
Rate:			C/V:		US3638.55
		_	Chg.:		
Value Date:		02/05/2017	Comm.:		
			Total:		
Correspondent:			OP Code:		
Details Of Charges:			□ BEN		□ OUR
Purpose Of Payment:	Alimentation de C	Compte			
I/We the undersigned her communicate to its Corre such as: my/our full name whatsoever from any kind I/We the undersigned con releasing any liability from	spondent Bank any e and address, my/o d from the Bank's sid ofirm having irrevoca	requested information respective accounts de. ably requested from	on for the punt number, e	rpose of exe tc. without a ute the abov	ecuting the above transfer any responsibility e-described transfer,
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Date: 02/05/2017		Signature:			
Prepared by		Compliance Officer		Approved by	