

APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: JDEIDEH : ¿ Ordering Customer: SNS APJ Customer's Address:	الفر	Ref#: C	DT/JD/	رقم : العميل : العنوان :
Please pay to Beneficiary's B.	500265210024602000 O.B. SAL auchrieh Branch			: :
Swift Code: BABELBBE Intermediary Bank Name & SWIFT Code:				:
A/C Number:	TWORK COLUTIONS CAL O	EECHODE		:
,	TWORK SOLUTIONS SAL O		\r_	:
Beneficiary's A/C#:	lectricity Street, Hachem	center, 1° Floc	:	
Sort Code	IBAN		ABA / or FW	
	LB7700750000000114 64905400	101		
Amount:				:
Rate:		C/V:	US3638.55	
		Chg.:		
Value Date: 02/05/2017		Comm.:		
		Total:		
Correspondent:		OP Code:		
Details Of Charges:		□ BEN		□ OUR
Purpose Of Payment: Alimen	tation 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		Signatur	e:	
Prepared by	Compliance Office	er	Арр	roved by