

## APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: JDEIDEH	Ref#: SNS APJ	OT/JD/	رقم العميل :
Ordering Customer:	العنوان :		
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	رقم السويقت :	
Swift Code:	BABELBBE	رقم الحساب :	
Intermediary Bank Name & SWIFT Code:			
A/C Number:	اسم المستفيد :		
Beneficiary's Name:	SNS SUPPLY NETWORK SOLUTIONS SAL OFFSHORE		
Beneficiary's Address:	عنوان المستفيد :		
Bauchrieh, Electricity Street, Hachem Center, 1 <sup>st</sup> Floor			
Beneficiary's A/C#:	رقم حساب المستفيد :		

Sort Code	IBAN	ABA / or FW
	LB770075000000011401 64905400	

Amount:		C/V:	US3638.55
Rate:		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.

<b>Date:</b> 02/05/2017	<b>Signature:</b>	
Prepared by	Compliance Officer	Approved by

