

## APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: JDEIDEH : الفرع : Ref#: OT/JD/ : رقم  
 Ordering Customer: SNS APJ : العميل :  
 Customer's Address: :  
 By debiting the A/C#: LB08004820500265210024602000 :  
 Please pay to Beneficiary's **B.O.B. SAL** :  
 Bank: **Bauchrieh Branch** :  
 Swift Code: BABELBBE :  
 Intermediary Bank Name & SWIFT Code: :  
 A/C Number: :  
 Beneficiary's Name: SNS SUPPLY NETWORK SOLUTIONS SAL OFFSHORE :  
 Beneficiary's Address: Bauchrieh, Electricity Street, Hachem Center, 1<sup>st</sup> Floor :  
 Beneficiary's A/C#: :

| Sort Code | IBAN                             | ABA / or FW |
|-----------|----------------------------------|-------------|
|           | LB770075000000011401<br>64905400 |             |

Amount: :  
 Rate: C/V: US3638.55  
 Chg.:  
 Value Date: 02/05/2017 Comm.:  
 Total:  
 Correspondent: OP Code:  
 Details Of Charges: ☐ SHA ☐ BEN ☐ 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**