

APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: <u>JDEIDEH</u>	Ref#: <u>OT/JD/</u>	الفرع : رقم
Ordering Customer: <u>SNS APJ</u>		العميل :
Customer's Address: _____		العنوان :
By debiting the A/C#: <u>LB08004820500265210024602000</u>		رقم الحساب :
Please pay to Beneficiary's <u>B.O.B. SAL</u>		ادفع لأمر مصرف :
Bank: <u>Bauchrieh Branch</u>		
Swift Code: <u>BABELBBE</u>		رقم السويقت :
Intermediary Bank Name & SWIFT Code: _____		
A/C Number: _____		لحساب رقم :
Beneficiary's Name: <u>SNS SUPPLY NETWORK SOLUTIONS SAL OFFSHORE</u>		اسم المستفيد :
Beneficiary's Address: <u>Bauchrieh, Electricity Street, Hachem Center, 1st Floor</u>		عنوان المستفيد :
Beneficiary's A/C#: _____		رقم حساب المستفيد :

Sort Code	IBAN	ABA / or FW
	LB770075000000011401 64905400	

Amount: _____	المبلغ :
Rate: _____	C/V: <u>US3638.55</u>
	Chg.: _____
Value Date: <u>02/05/2017</u>	Comm.: _____
	Total: _____
Correspondent: _____	OP Code: _____
Details Of Charges: <input type="checkbox"/> SHA	<input type="checkbox"/> BEN <input type="checkbox"/> OUR
Purpose Of Payment: <u>Alimentation de Compte</u>	

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: <u>02/05/2017</u>	Signature: _____
_____ Prepared by	_____ Compliance Officer
	_____ Approved by

