

APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: JDEIDEH : Ref#: OT/JD/ :
 Ordering Customer: SNS APJ :
 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, 1st Floor :
 Beneficiary's A/C#: :

| Sort Code | IBAN | ABA / or FW |
|-----------|--|-------------|
| | LB770075000000011401 64905400 | |

Amount: :
 Rate: C/V: USXXX
 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