

APPLICATION ORDER FOR OUTGOING TRANSFER

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

Sort Code	IBAN	ABA / or FW
	LB770075000000011401 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