

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			: ادفع لأمر مصرف
Swift Code: BABELBBE	Bauchrieh Branch		: رقم السويقت
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, 1 st Floor			: عنوان المستفيد
Beneficiary's A/C#:			: رقم حساب المستفيد

Sort Code	IBAN	ABA / or FW
	LB770075000000011401 64905400	

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

Date: 02/05/2017

Signature:

Prepared by

Compliance Officer

Approved by

