

APPLICATION ORDER FOR OUTGOING TRANSFER

Branch:	JDEIDEH	:	Ref#:	OT/JD/	:		
Ordering Cust	omer:	SNS APJ			:		
Customer's A	ddress:		4820500265210024602000 B.O.B. SAL		:		
By debiting th	ie A/C#:	LB080048205002652			: :		
Please pay to	Beneficiary's E	ank: B.O.B. SAL					
Bauchrieh Bra	inch						
Swift Code:	BA	BELBBE			:		
Intermediary	Bank Name & S	SWIFT Code:					
A/C Number:					:		
Beneficiary's Name: SNS SUPPLY NETWORK SOLUTIONS SAL OFFSHORE				RE	:		
Beneficiary's Address: Bauchrieh, Electricity Street, Hachem Center, 1 st Floor					:		
Beneficiary's	A/C#:				:		
-		1					
Sort Code		IBAN	IBAN		ABA / or FW		
		LB7700756 64905400	000000011401				
Amount:					:		
Rate:			C/V:	USXXX			
			Chg.:				
Value Date:	22/08/2016		Comm.:				
			Total:				
Corresponder			OP Code:				
Details Of Cha	arges:	SHA	BEN		OUR		

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.

22/08/2016 Signature: Date:

Alimentation de Compte

Purpose Of Payment:

Prepared by **Compliance Officer** Approved by