

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	B.O.B. SAL				: ادفع لأمر مصرف
Bank:	Bauchrieh Branch				
Swift Code:	BABELBBE				: 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:	<u>02/05/2017</u>	Signature:	_____
Prepared by	_____	Compliance Officer	_____
		Approved by	_____

