

APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: <u>JDEIDEH</u>	: 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 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, 1 st Floor		: عنوان المستفيد
Beneficiary's A/C#: _____				: رقم حساب المستفيد

Sort Code	IBAN	ABA / or FW
	LB770075000000011401 64905400	

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

