

APPLICATION ORDER FOR OUTGOING TRANSFER

| Branch: JDEIDEH Ordering Customer: Customer's Address: | الفرع : SNS APJ | Ref#: | OT/JD/ | رقم : العميل : العنوان : | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| By debiting the A/C#: LB08004820500265210024602000 Please pay to Beneficiary's B.O.B. SAL Bank: Bauchrieh Branch Swift Code: BABELBBE Intermediary Bank Name & SWIFT Code: | | | | رقم الحساب : ادفع لأمر مصرف : | رقم السويفت : |
| A/C Number: Beneficiary's Name: | SNS SUPPLY NETWORK S | SOLUTIONS SAL OFFSHO | ND E | : | |
| Beneficiary's Address: Bauchrieh, Electricity Street, Hachem Center, 1st Floor : | | | | : | |
| Beneficiary's A/C#: | | | : | | |
| Sort Code | | IBAN | | ABA / or FW | |
| | | LB770075000000 64905400 | 0011401 | | |
| Amount: | | | | | : |
| Rate: | | | C/V: Chg.: | US3638.55 | |
| Value Date: 02 | /05/2017 | | Comm.: Total: | | |
| Correspondent: | | | OP Code: | | |
| Details Of Charges: | | □ SHA □ BEN | | □ OUR | |
| Purpose Of Payment: Alimen | | tation de Compte | | | |
| communicate to its such as: my/our ful whatsoever from a I/We the undersign | Correspondent Ban I name and address ny kind from the Ban ed confirm having ir | k any requested in , my/our respective nk's side. revocably requeste | formation for the e account number, ed from you to exe | AL the express authoring to purpose of executing to the control of | he above transfer onsibility bed transfer, |
| Date: 0 | 02/05/2017 | Signature: | | | |
| Prepared by | | Compliance Officer | | Approved by | |