

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
Bauchrieh Branch : رقم السويقت
 Swift Code: BABELBBE
 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, 1st 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: ☐ SHA ☐ BEN ☐ 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 _____

