

## APPLICATION ORDER FOR OUTGOING TRANSFER

Branch: <u>JDEIDEH</u>	الفرع : <u>JDEIDEH</u>	Ref#: <u>SNS APJ</u>	OT/JD/ : <u>SNS APJ</u>	رقم : <u>SNS APJ</u>
Ordering Customer: _____	العميل : _____			
Customer's Address: _____	العنوان : _____			
By debiting the A/C#: <u>LB08004820500265210024602000</u>	رقم الحساب : <u>LB08004820500265210024602000</u>			
Please pay to Beneficiary's <u>B.O.B. SAL</u>	ادفع لأمر مصرف : <u>B.O.B. SAL</u>			
Bank: <u>Bauchrieh Branch</u>	البنك : <u>Bauchrieh Branch</u>			
Swift Code: <u>BABELBBE</u>	رقم السويقت : <u>BABELBBE</u>			
Intermediary Bank Name & SWIFT Code: _____				
A/C Number: _____	لحساب رقم : _____			
Beneficiary's Name: <u>SNS SUPPLY NETWORK SOLUTIONS SAL OFFSHORE</u>	اسم المستفيد : <u>SNS SUPPLY NETWORK SOLUTIONS SAL OFFSHORE</u>			
Beneficiary's Address: <u>Bauchrieh, Electricity Street, Hachem Center, 1<sup>st</sup> Floor</u>	عنوان المستفيد : <u>Bauchrieh, Electricity Street, Hachem Center, 1<sup>st</sup> Floor</u>			
Beneficiary's A/C#: _____	رقم حساب المستفيد : _____			

Sort Code	IBAN	ABA / or FW
	<b>LB770075000000011401 64905400</b>	

Amount: _____	المبلغ : _____	Rate: _____	C/V: <u>US3638.55</u>	
Value Date: <u>02/05/2017</u>	Chg.: _____	Comm.: _____	Total: _____	
Correspondent: _____	OP Code: _____			
Details Of Charges: <input type="checkbox"/> SHA	<input type="checkbox"/> BEN	<input type="checkbox"/> OUR		
Purpose Of Payment: <u>Alimentation de Compte</u>				

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

