APPLICATION ORDER FOR OUTGOING TRANSFER

Branch:	JDEIDEH	:		Ref#:	OT/JD/		:
Ordering Cus	tomer:	SNS APJ					:
Customer's A	ddress:						:
By debiting th	ne A/C#:	LB0800482050	00265210024602000			:	
Please pay to	Beneficiary	y's Bank: B.O.E	B. SAL			:	
Bauchrieh Bra	anch						
Swift Code:		BABELBBE				:	
Intermediary	Bank Name	e & SWIFT Code:					
A/C Number:						:	
Beneficiary's Name: SNS SUPPLY NETWORK SOLUTIONS SAL OFFSHORE						:	
Beneficiary's Address: Bauchrieh, Electricity Street, Hachem Center, 1 st Floor					st Floor	:	
Beneficiary's	A/C#:					:	

Sort Code	IBAN	ABA / or FW
l .	LB770075000000011401 64905400	

Amount: :

Rate: C/V: USXXX

Chg.:

Value Date: 22/08/2016 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: 22/08/2016 Signature:

Prepared by Compliance Officer Approved by