

BANK ALFALAH LIMITED



KABUL BRANCH
410 CHAHRAH-E-SADAKAT, DUREN NORD
KABUL - AFGHANISTAN

TEL: 00-93-20-2203362-63 (2-LINES) FAX: 00-93-20-2203360 (01-LINE)

FORM 1

Overseas Transfer Form

DRAFT

Bank Code: **21401**

Name of Bank: **ALFALAH ISLAMIC BANKING KABUL**

No. **FTT # IBUK**

Date: **09/Feb/2010**

Sender: **M/S HASHIMY GROUP LIMITED**

Address: **H # 1, Street No 12, Wazir Akba Khan, Kabul**

Telephone: **NIL**

Mobile: **0795212121**

Fax #: **NIL**

Cash: **\$: 5,000/-**

Debit A/C #: **90202100167101**

Beneficiary Name: **THE LAW FIRM OF PUCKETT & FARAJ**
2181 Jamisson Avenue, Suite 1505, Alexandria Virginia USA

Address: **255071981**

Account #: **7834300091**

Beneficiary Bank: **CHEVY CHASE BANK**

Address: **500 South Washington Street Alexandria, VA 22314, USA**

SWIFT Code: **IRVTUS3N**

Beneficiary Correspondent Bank: **BANK of New York**

Address:

SWIFT Code:

Payment Purpose: **Service charges.**

Resident **YES**
Residence Country Code: **04**

Currency **840 USD**

Resident
Residence Country Code: **840**

Bank Commission Payer:
Sender **YES**
Beneficiary **70**
Amount
External Payment Code: **74 3111**

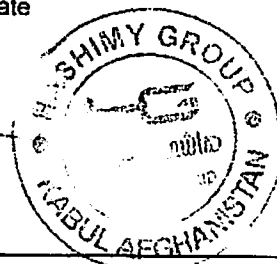
Components of External Payments, if Payment has Multiple Purposes:

It is understood that FTT is being by you or by your agent on my/our risk and cost and that you and your agent(s) are not to be held liable for any mistakes, omission, delay etc, which may arise in the transmission thereof or misinterpretation of the message at destination.

This letter may be treated as debit Authority for this transaction

Payer: Signature, Seal and Date

Handwritten signature



Bank: Signature, Seal and Acceptance Date

