



Number OF Transactions: 2
Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
Beneficiary IBAN: CY13008001600000000000006919
Payment Mode: Bank Transfer
Commission Value: 15.00
Reference Number: SO - 027009
Date/Time: 2021/12/07 03:45
Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/12/03	MY MALL LIMASSOL	12:02	6100794	31.50	4.72	0.09	26.69
		Total/Branch		31.50	4.72	0.09	26.69
	Total/Date			31.50	4.72	0.09	26.69
2021/12/05	NICOSIA MALL	18:05	6134699	20.50	3.08	0.06	17.36
		Total/Branch		20.50	3.08	0.06	17.36
	Total/Date			20.50	3.08	0.06	17.36
Total				52.00	7.80	0.15	44.05