



Number OF Transactions: 1
Beneficiary Name: MI VA COSMOLINGUA CENTER LTD
Beneficiary IBAN: cy68008001040000000002162316
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 174551832854
Date/Time: 2021/12/16 17:50
Beneficiary Bank Name: AstroBank Limited

Date	Time	TranID	Customer Name	Guardian First Name	Guardian Last Name	Payment Reason	Student First Name	Student Last Name	Amount	Fee	Net Amount
2021/12/16	17:45	6317025	Constantinos Michael	Constantinos	Michael	Tuition Payment (Utilities and Services)	Michalis	Michael	80.00	0.40	79.60
Total									80.00	0.40	79.60