Merchant Standing Order Payment Report

Number OF Transactions: 2

Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED

Beneficiary IBAN: CY13008001600000000000006919

Payment Mode: Bank Transfer

Commission Value: 15.00

Reference Number: SO - 453686

Date/Time: 2021/12/23 03:51

Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/12/22	MY MALL LIMASSOL	16:04	6413621	35.00	5.25	0.10	29.65
		Total/Branch		35.00	5.25	0.10	29.65
	NICOSIA MALL	14:33	6412405	6.00	0.90	0.02	5.08
		Total/Branch		6.00	0.90	0.02	5.08
	Total/Date			41.00	6.15	0.12	34.73
Total				41.00	6.15	0.12	34.73

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