



Number OF Transactions: 3
Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
Beneficiary IBAN: CY13008001600000000000006919
Payment Mode: Bank Transfer
Commission Value: 15.00
Reference Number: SO - 336777
Date/Time: 2021/12/24 03:58
Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/12/23	MY MALL LIMASSOL	15:29	6431542	20.50	3.08	0.06	17.36
		Total/Branch		20.50	3.08	0.06	17.36
	NICOSIA MALL	12:10	6428245	28.98	4.35	0.09	24.54
		13:27	6429544	56.00	8.40	0.17	47.43
		Total/Branch		84.98	12.75	0.26	71.97
	Total/Date			105.48	15.83	0.32	89.33
Total				105.48	15.83	0.32	89.33