



Number OF Transactions: 2
Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
Beneficiary IBAN: CY13008001600000000000006919
Payment Mode: Bank Transfer
Commission Value: 15.00
Reference Number: SO - 300533
Date/Time: 2021/12/28 03:13
Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/12/27	2338	15:35	6487577	26.00	3.90	0.08	22.02
		Total/Branch		26.00	3.90	0.08	22.02
	KINGS AVENUE MALL PAPHOS	12:24	6484721	21.50	3.22	0.06	18.22
		Total/Branch		21.50	3.22	0.06	18.22
	Total/Date			47.50	7.12	0.14	40.24
Total				47.50	7.12	0.14	40.24