



Number OF Transactions: 1
Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
Beneficiary IBAN: CY13008001600000000000006919
Payment Mode: Bank Transfer
Commission Value: 15.00
Reference Number: SO - 502795
Date/Time: 2021/12/29 03:22
Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/12/28	2338	16:46	6508267	26.00	3.90	0.08	22.02
		Total/Branch		26.00	3.90	0.08	22.02
	Total/Date			26.00	3.90	0.08	22.02
Total				26.00	3.90	0.08	22.02