



Number OF Transactions: 3
Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
Beneficiary IBAN: CY13008001600000000000006919
Payment Mode: Bank Transfer
Commission Value: 15.00
Reference Number: SO - 225384
Date/Time: 2022/01/11 03:30
Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2022/01/09	MY MALL LIMASSOL	17:10	6693913	21.00	3.15	0.06	17.79
		17:52	6694382	35.50	5.32	0.11	30.07
		Total/Branch		56.50	8.47	0.17	47.86
	NICOSIA MALL	12:22	6690632	25.00	3.75	0.07	21.18
		Total/Branch		25.00	3.75	0.07	21.18
	Total/Date			81.50	12.22	0.24	69.04
Total				81.50	12.22	0.24	69.04