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 - 508103

Date/Time: 2022/01/18 03:43

Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2022/01/14	LEOFOROS LIMASSOL	18:16	6776230	5.00	0.75	0.01	4.24
		Total/Branch		5.00	0.75	0.01	4.24
	Total/Date			5.00	0.75	0.01	4.24
2022/01/16	MY MALL LIMASSOL	15:12	6801212	18.50	2.78	0.06	15.66
		Total/Branch		18.50	2.78	0.06	15.66
	Total/Date			18.50	2.78	0.06	15.66
Total				23.50	3.53	0.07	19.90

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