



Number OF Transactions: 1
Beneficiary Name: FARMAKION ANDREAS KAI KOULLA
 PONTOU
Beneficiary IBAN: CY90002001950000357013590155
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 727187
Date/Time: 2022/02/03 03:31
Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY
 LIMITED

Date	Branch	Time	TranID	Order ID	Amount	Fee	Net Amount
2022/02/02	27, Eleftherias st. , Anthoupoli	09:16	7081293	647610116 17	7.50	0.02	7.48
		Total/Branch			7.50	0.02	7.48
	Total/Date				7.50	0.02	7.48
Total					7.50	0.02	7.48