Merchant Standing Order Payment Report

Number OF Transactions: 1
Beneficiary Name: MI VA COSMOLINGUA CENTER LTD
Beneficiary IBAN: cy68008001040000000002162316
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 100409737445
Date/Time: 2021/03/18 10:06
Beneficiary Bank Name: AstroBank Limited

Date	Time	TranID	Customer Name	Guardian First Name	Guardian Last Name	Payment Reason	Student First Name	Student Last Name	Amount	Fee	Net Amount
2021/03/18	10:04	2538940	CHRISTIANA GASTRIOTI	Christiana	Gastrioti	Exams Fee Payment (Utilities and Services)	Eria	Gastrioti	106.00	0.53	105.47
Total									106.00	0.53	105.47

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