



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 - 091340518439
Date/Time: 2021/03/27 09:19
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
2021/03/27	09:13	2649289	CONSTANTINOS MICHAEL	Constantinos	Michael	Tuition Payment (Utilities and Services)	Michalis	Michael	75.00	0.38	74.62
Total									75.00	0.38	74.62