



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 - 174825666429
Date/Time: 2021/04/01 17:52
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
2021/04/01	17:48	2723750	Marilena KYTHR EOTOU	MARILENA	KYTHR EOTOU	Exams Fee Payment (Utilities and Services)	NATALIA & ANTRIANA	KYRIAKIDOU	258.00	1.29	256.71
Total									258.00	1.29	256.71