



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 - 210528529834
Date/Time: 2021/04/22 21:10
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
2021/04/22	21:05	3042188	EKTOR AS KARAGI ANNIS	Hectora s	Karayia nnis	Tuition Paymen t (Utilities and Services)	Danae	Karayia nni	95.00	0.48	94.52
Total									95.00	0.48	94.52