



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 - 204922741224
Date/Time: 2021/05/03 20:56
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
2021/05/03	20:49	3190548	CHARIS KAPONI	Haris	Kaponis	Exams Fee Payment (Utilities and Services)	Constantina	Kaponi	69.00	0.34	68.66
Total									69.00	0.34	68.66