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 - 163711348686
Date/Time: 2021/05/07 16:45
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
2021/05/07	16:37	3250552	MARIA MICHAELIDOU	Maria	Meramveliotaki	Exams Fee Payment (Utilities and Services)	Styliana	Meramveliotakis	106.00	0.53	105.47
Total									106.00	0.53	105.47

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