



Number OF Transactions: 1
Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
Beneficiary IBAN: CY130080016000000000000006919
Payment Mode: Bank Transfer
Commission Value: 15.00
Reference Number: SO - 417774
Date/Time: 2021/05/26 03:16
Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Net Amount
2021/05/25	LEOFOROS LIMASSOL	09:33	3533372	28.38	4.26	24.12
		Total/Branch		28.38	4.26	24.12
	Total/Date			28.38	4.26	24.12
Total				28.38	4.26	24.12