



Number OF Transactions: 3
Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
Beneficiary IBAN: CY13008001600000000000006919
Payment Mode: Bank Transfer
Commission Value: 15.00
Reference Number: SO - 921599
Date/Time: 2021/06/10 03:32
Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Net Amount
2021/06/09	LEOFOROS LIMASSOL	13:38	3760923	13.50	2.03	11.47
		13:40	3760943	8.00	1.20	6.80
		Total/Branch		21.50	3.23	18.27
	MY MALL LIMASSOL	15:26	3761850	10.00	1.50	8.50
		Total/Branch		10.00	1.50	8.50
	Total/Date			31.50	4.73	26.77
Total				31.50	4.73	26.77