



Number OF Transactions: 3
Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
Beneficiary IBAN: CY13008001600000000000006919
Payment Mode: Bank Transfer
Commission Value: 15.00
Reference Number: SO - 019419
Date/Time: 2021/06/24 04:03
Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Net Amount
2021/06/23	LEOFOROS LIMASSOL	18:49	3930142	21.00	3.15	17.85
		Total/Branch		21.00	3.15	17.85
	MY MALL LIMASSOL	18:32	3930000	23.50	3.53	19.97
		Total/Branch		23.50	3.53	19.97
	NICOSIA MALL	13:18	3927267	30.00	4.50	25.50
		Total/Branch		30.00	4.50	25.50
	Total/Date			74.50	11.18	63.32
Total				74.50	11.18	63.32