



Number OF Transactions: 1
Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
Beneficiary IBAN: CY13008001600000000000006919
Payment Mode: Bank Transfer
Commission Value: 15.00
Reference Number: SO - 932776
Date/Time: 2021/07/01 03:21
Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/06/30	MY MALL LIMASSOL	17:24	4023956	10.00	1.50	0.03	8.47
		Total/Branch		10.00	1.50	0.03	8.47
	Total/Date			10.00	1.50	0.03	8.47
Total				10.00	1.50	0.03	8.47