



Number OF Transactions: 1
 Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
 Beneficiary IBAN: CY13008001600000000000006919
 Payment Mode: Bank Transfer
 Commission Value: 15.00
 Reference Number: SO - 717120
 Date/Time: 2021/07/08 03:31
 Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/07/07	MY MALL LIMASSOL	19:34	4120993	20.00	3.00	0.06	16.94
		Total/Branch		20.00	3.00	0.06	16.94
	Total/Date			20.00	3.00	0.06	16.94
Total				20.00	3.00	0.06	16.94