Merchant Standing Order Payment Report

Number OF Transactions: 1

Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED

Beneficiary IBAN: CY13008001600000000000006919

Payment Mode: Bank Transfer

Commission Value: 15.00

Reference Number: SO - 404261

Date/Time: 2021/07/14 03:17

Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/07/13	LEOFOROS LIMASSOL	13:36	4194540	27.00	4.05	0.08	22.87
		Total/Branch		27.00	4.05	0.08	22.87
	Total/Date			27.00	4.05	0.08	22.87
Total				27.00	4.05	0.08	22.87

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