Merchant Standing Order Payment Report

Number OF Transactions: 4

Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED

Beneficiary IBAN: CY13008001600000000000006919

Payment Mode: Bank Transfer

Commission Value: 15.00

Reference Number: SO - 854467

Date/Time: 2021/07/15 03:21

Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/07/14	LEOFOROS LIMASSOL	10:53	4205653	10.00	1.50	0.03	8.47
		10:59	4205711	10.00	1.50	0.03	8.47
		Total/Branch		20.00	3.00	0.06	16.94
	MY MALL LIMASSOL	17:09	4209188	10.00	1.50	0.03	8.47
		Total/Branch		10.00	1.50	0.03	8.47
	NICOSIA MALL	17:10	4209209	21.00	3.15	0.06	17.79
		Total/Branch		21.00	3.15	0.06	17.79
	Total/Date			51.00	7.65	0.15	43.20
Total				51.00	7.65	0.15	43.20

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