



Number OF Transactions: 2
Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
Beneficiary IBAN: CY13008001600000000000006919
Payment Mode: Bank Transfer
Commission Value: 15.00
Reference Number: SO - 117360
Date/Time: 2021/07/28 03:45
Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/07/27	KINGS AVENUE MALL PAPHOS	19:09	4360298	15.00	2.25	0.04	12.71
		Total/Branch		15.00	2.25	0.04	12.71
	MY MALL LIMASSOL	18:56	4360192	25.00	3.75	0.07	21.18
		Total/Branch		25.00	3.75	0.07	21.18
	Total/Date			40.00	6.00	0.11	33.89
Total				40.00	6.00	0.11	33.89