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 - 340530

Date/Time: 2021/08/18 03:47

Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/08/17	MY MALL LIMASSOL	18:52	4622297	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

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