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 - 322491

Date/Time: 2021/09/01 03:48

Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/08/31	LEOFOROS LIMASSOL	18:06	4786720	3.00	0.45	0.01	2.54
		Total/Branch		3.00	0.45	0.01	2.54
	Total/Date			3.00	0.45	0.01	2.54
Total				3.00	0.45	0.01	2.54

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