



Number OF Transactions: 1
 Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
 Beneficiary IBAN: CY130080016000000000000006919
 Payment Mode: Bank Transfer
 Commission Value: 15.00
 Reference Number: SO - 948929
 Date/Time: 2021/09/02 03:55
 Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/09/01	KINGS AVENUE MALL PAPHOS	12:59	4799041	5.00	0.75	0.01	4.24
		Total/Branch		5.00	0.75	0.01	4.24
	Total/Date			5.00	0.75	0.01	4.24
Total				5.00	0.75	0.01	4.24