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 - 316605

Date/Time: 2021/09/17 03:18

Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/09/16	LEOFOROS LIMASSOL	19:42	4996121	47.00	7.05	0.14	39.81
		Total/Branch		47.00	7.05	0.14	39.81
	Total/Date			47.00	7.05	0.14	39.81
Total				47.00	7.05	0.14	39.81

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