



Number OF Transactions: 2
Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
Beneficiary IBAN: CY13008001600000000000006919
Payment Mode: Bank Transfer
Commission Value: 15.00
Reference Number: SO - 222688
Date/Time: 2021/09/22 03:36
Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/09/21	MY MALL LIMASSOL	18:58	5055236	25.00	3.75	0.07	21.18
		Total/Branch		25.00	3.75	0.07	21.18
	NICOSIA MALL	11:52	5051270	26.00	3.90	0.08	22.02
		Total/Branch		26.00	3.90	0.08	22.02
	Total/Date			51.00	7.65	0.15	43.20
Total				51.00	7.65	0.15	43.20