



Number OF Transactions: 3
Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
Beneficiary IBAN: CY13008001600000000000006919
Payment Mode: Bank Transfer
Commission Value: 15.00
Reference Number: SO - 901677
Date/Time: 2021/10/01 03:25
Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/09/30	2338	19:47	5173426	57.20	8.58	0.17	48.45
		Total/Branch		57.20	8.58	0.17	48.45
	MY MALL LIMASSOL	11:12	5166889	35.00	5.25	0.10	29.65
		13:35	5168634	18.40	2.76	0.05	15.59
		Total/Branch		53.40	8.01	0.15	45.24
	Total/Date			110.60	16.59	0.32	93.69
Total				110.60	16.59	0.32	93.69