



Number OF Transactions: 1
Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
Beneficiary IBAN: CY13008001600000000000006919
Payment Mode: Bank Transfer
Commission Value: 15.00
Reference Number: SO - 632276
Date/Time: 2021/10/22 03:41
Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/10/21	LEOFOROS LIMASSOL	17:46	5456068	25.00	3.75	0.07	21.18
		Total/Branch		25.00	3.75	0.07	21.18
	Total/Date			25.00	3.75	0.07	21.18
Total				25.00	3.75	0.07	21.18