



Number OF Transactions: 1
Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED
Beneficiary IBAN: CY13008001600000000000006919
Payment Mode: Bank Transfer
Commission Value: 15.00
Reference Number: SO - 039579
Date/Time: 2021/10/27 03:05
Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/10/26	MY MALL LIMASSOL	15:49	5518024	18.50	2.78	0.06	15.66
		Total/Branch		18.50	2.78	0.06	15.66
	Total/Date			18.50	2.78	0.06	15.66
Total				18.50	2.78	0.06	15.66