



Number OF Transactions: 1
Beneficiary Name: MI VA COSMOLINGUA CENTER LTD
Beneficiary IBAN: cy68008001040000000002162316
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 092759122029
Date/Time: 2021/11/09 09:29
Beneficiary Bank Name: AstroBank Limited

Date	Time	TranID	Customer Name	Guardian First Name	Guardian Last Name	Payment Reason	Student First Name	Student Last Name	Amount	Fee	Net Amount
2021/11/09	09:27	5729417	B/O: KLEAN THOUS KLEAN THOULL A						100.00	0.50	99.50
Total									100.00	0.50	99.50