Merchant Standing Order Payment Report

Number OF Transactions: 1

Beneficiary Name: FARMAKEFTIKI ORGANOSI KYPROU LIMITED

Beneficiary IBAN: CY13008001600000000000006919

Payment Mode: Bank Transfer

Commission Value: 15.00

Reference Number: SO - 935639

Date/Time: 2021/11/10 03:12

Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/11/09	MY MALL LIMASSOL	10:40	5730104	6.00	0.90	0.02	5.08
		Total/Branch		6.00	0.90	0.02	5.08
	Total/Date			6.00	0.90	0.02	5.08
Total				6.00	0.90	0.02	5.08

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