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 - 637074

Date/Time: 2021/11/24 03:12

Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Amount	Commission	Fee	Net Amount
2021/11/23	MY MALL LIMASSOL	17:09	5932410	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

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