

**Account Statement Inquiry**

Criteria    Summary    **Details**

**Legal Text**

We have Debited your Account.

|                       |                         |                           |                     |                             |            |
|-----------------------|-------------------------|---------------------------|---------------------|-----------------------------|------------|
| <b>Account Number</b> | 210681019               | <b>Account Name</b>       | COVIDIEN ECB S.R.O. | <b>Amount</b>               | 230.00     |
| <b>IBAN Number</b>    | SK168130000002106810107 | <b>Customer Number</b>    | 210681              | <b>Value Date</b>           | 04/01/2015 |
| <b>Branch Number</b>  | 802                     | <b>Customer Name</b>      | COVIDIEN ECB S.R.O. | <b>Statement Date</b>       | 04/01/2015 |
| <b>Branch Name</b>    | BRATISLAVA CITIBANK     | <b>Customer Reference</b> | EREF                | <b>Bank Reference</b>       | 3502576491 |
| <b>Bank Name</b>      | CITIBANK                |                           |                     | <b>Branch Tax Id Number</b> |            |

**Transaction Details**

| (1) Field Name                | Value                         |
|-------------------------------|-------------------------------|
| Product Type                  | Funds Transfer                |
| Payment Details               | NOTPROVIDED                   |
| Ordering Bank Name/Address    | CITISKBA                      |
| Originator Reference          | /VS4715006130/SS/KS           |
| Beneficiary Account/ID        | SK258180000007000150131       |
| Beneficiary Name/Address      | Ministerstvo zdravotnictva SR |
| Beneficiary Bank Name/Address | SPSRKBA                       |
| Original Amount               | 230.00                        |
| Original Currency             | KUR                           |
| Related Reference             | 0915001728525344              |