



Number OF Transactions: 2
 Beneficiary Name: ZACHAROPLASTION ARISTON LTD
 Beneficiary IBAN: CY03008001010000000000008041
 Payment Mode: Bank Transfer
 Commission Value: 5.00
 Reference Number: SO - 027009
 Date/Time: 2021/12/07 03:52
 Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/12/04	NICOSIA	21:03	6124647	593334	Cashier	NICOSIA	14.50	0.72	0.11	13.67
		Total/Branch					14.50	0.72	0.11	13.67
	Total/Date						14.50	0.72	0.11	13.67
2021/12/06	ENGOMI	13:50	6144859	286257	Cashier	ENGOMI	2.50	0.12	0.02	2.36
		Total/Branch					2.50	0.12	0.02	2.36
	Total/Date						2.50	0.12	0.02	2.36
Total							17.00	0.84	0.13	16.03