



Number OF Transactions: 1
 Beneficiary Name: ZACHAROPLASTION ARISTON LTD
 Beneficiary IBAN: CY03008001010000000000008041
 Payment Mode: Bank Transfer
 Commission Value: 5.00
 Reference Number: SO - 253326
 Date/Time: 2022/01/12 03:40
 Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2022/01/11	42, Elia Papakyriakou, Engom	17:23	6727353	658688	Cashier	ENGOMI	2.70	0.14	0.02	2.54
		Total/Branch					2.70	0.14	0.02	2.54
		Total/Date					2.70	0.14	0.02	2.54
Total							2.70	0.14	0.02	2.54