Merchant Standing Order Payment Report

Number OF Transactions: 1
Beneficiary Name: ZSP HEALTHCARE LTD
Beneficiary IBAN: CY64005002510002510166430901
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 643869
Date/Time: 2022/02/01 03:54
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Amount	Fee	Net Amount
2022/01/31	50, Petrou Tsirou	12:23	7036307	29433412337	5.00	0.02	4.98
		Total/Branch			5.00	0.02	4.98
	Total/Date				5.00	0.02	4.98
Total					5.00	0.02	4.98

57, John Kennedy Avenue, 3rd Floor
1076, Nicosia, Cyprus
Tel: +357 22 27 67 37
Fax: +357 22 27 67 35
Email: contact@skash.com