



Number OF Transactions: 2
Beneficiary Name: ZSP HEALTHCARE LTD
Beneficiary IBAN: CY64005002510002510166430901
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 727187
Date/Time: 2022/02/03 03:33
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Amount	Fee	Net Amount
2022/02/02	50, Petrou Tsirou	12:31	7085602	2947461317	18.50	0.06	18.44
		13:30	7086516	29477812921	1.50	0.01	1.49
		Total/Branch			20.00	0.07	19.93
	Total/Date				20.00	0.07	19.93
Total					20.00	0.07	19.93