



Number OF Transactions: 1
Beneficiary Name: FARMAKIA MORPHO KOTZIAMANI LTD
Beneficiary IBAN: CY29005002140002140161399204
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	9, Spyrou Kyprianou Ave., 3070	12:47	7085842	206030146 50	2.50	0.01	2.49
		Total/Branch			2.50	0.01	2.49
	Total/Date				2.50	0.01	2.49
Total					2.50	0.01	2.49