



Number OF Transactions: 1
Beneficiary Name: A I KATSIKIDES ALLANTIKA
Beneficiary IBAN: CY830050025900025901A6979201
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 727187
Date/Time: 2022/02/03 03:31
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2022/02/02	Gerasa, Kalo Chorio	09:54	7083404	275585	Cashier	cashier1	5.20	0.02	5.18
		Total/Branch					5.20	0.02	5.18
	Total/Date						5.20	0.02	5.18
Total							5.20	0.02	5.18