



Number OF Transactions: 1
 Beneficiary Name: ZACHAROPLASTION ARISTON LTD
 Beneficiary IBAN: CY03008001010000000000008041
 Payment Mode: Bank Transfer
 Commission Value: 5.00
 Reference Number: SO - 353505
 Date/Time: 2022/02/09 03:19
 Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2022/02/08	49, Grivas Digeni Avenue, Lefkosia	13:08	7192344	753362	Cashier	NICOSIA	4.05	0.20	0.03	3.82
		Total/Branch					4.05	0.20	0.03	3.82
	Total/Date						4.05	0.20	0.03	3.82
Total							4.05	0.20	0.03	3.82