



Number OF Transactions: 3
Beneficiary Name: ZSP HEALTHCARE LTD
Beneficiary IBAN: CY64005002510002510166430901
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 316699
Date/Time: 2022/02/15 03:56
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Amount	Fee	Net Amount
2022/02/11	50, Petrou Tsirou	08:29	7237458	2963111291	11.00	0.03	10.97
		08:32	7237512	29631213131	1.00	0.01	0.99
		17:36	7249274	2964762368	15.00	0.04	14.96
		Total/Branch			27.00	0.08	26.92
	Total/Date				27.00	0.08	26.92
Total					27.00	0.08	26.92