



Number OF Transactions: 2
Beneficiary Name: DASOUPOLIS PARENTS ASSOCIATION
Beneficiary IBAN: CY560050014400014401G9013901
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 042261
Date/Time: 2021/10/06 03:22
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Time	TranID	Payer Mobile Number	Class	Event	Qty	Payer Name	Student Name	Amount	Net Amount
2021/10/05	08:20	5223573	35799335736	ΣΤ1	ΠΛΗΡΩΜΗ ΑΣΦΑΛΕΙΑΣ	1	Παναγιώτα Χατζηλοΐζου Χριστοδουλίδου	Nicolas Christodoulides	15	15.00
	09:58	5224998	35799559424	B1	ΠΛΗΡΩΜΗ ΑΣΦΑΛΕΙΑΣ	1	Christos Kyriakou	Zoe Kyriakou	40	40.00
Total						2			55	55.00