



Number OF Transactions: 1
 Beneficiary Name: ZACHAROPLASTION ARISTON LTD
 Beneficiary IBAN: CY03008001010000000000008041
 Payment Mode: Bank Transfer
 Commission Value: 5.00
 Reference Number: SO - 304663
 Date/Time: 2021/10/13 03:56
 Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/10/12	ENGOMI	11:47	5336012	446985	Cashier	ENGOMI	8.20	0.41	0.06	7.73
		Total/Branch					8.20	0.41	0.06	7.73
	Total/Date						8.20	0.41	0.06	7.73
Total							8.20	0.41	0.06	7.73