Merchant Standing Order Payment Report

Number OF Transactions: 3
Beneficiary Name: ZACHAROPLASTION ARISTON LTD
Beneficiary IBAN: CY03008001010000000000008041
Payment Mode: Bank Transfer
Commission Value: 5.00
Reference Number: SO - 304227
Date/Time: 2021/11/03 03:08
Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/11/02	ENGOMI	16:30	5627794	788246	Cashier	ENGOMI	11.10	0.56	0.08	10.46
		Total/Branch					11.10	0.56	0.08	10.46
	NICOSIA	15:55	5627411	243725	Cashier	NICOSIA	7.70	0.38	0.06	7.26
		18:36	5629412	774298	Cashier	NICOSIA	1.70	0.08	0.01	1.61
		Total/Branch					9.40	0.46	0.07	8.87
	Total/Date						20.50	1.02	0.15	19.33
Total							20.50	1.02	0.15	19.33

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