



Number OF Transactions: 1
 Beneficiary Name: ZACHAROPLASTION ARISTON LTD
 Beneficiary IBAN: CY03008001010000000000008041
 Payment Mode: Bank Transfer
 Commission Value: 5.00
 Reference Number: SO - 103290
 Date/Time: 2021/11/04 03:19
 Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/11/03	ENGOMI	20:25	5646899	764925	Cashier	ENGOMI	7.60	0.38	0.06	7.16
		Total/Branch					7.60	0.38	0.06	7.16
	Total/Date						7.60	0.38	0.06	7.16
Total							7.60	0.38	0.06	7.16