



Number OF Transactions: 4
Beneficiary Name: QUALITAS MEDCARE LTD
Beneficiary IBAN: CY84002001950000357029792173
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 537397
Date/Time: 2021/12/21 03:59
Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/12/17	77, Arch. Makariou III Av., Latsia	11:25	6328654	885339	SuperAdmin	mikel	5.00	0.02	4.98
		17:36	6333349	645787	SuperAdmin	mikel	4.80	0.02	4.78
		Total/Branch					9.80	0.04	9.76
	Total/Date						9.80	0.04	9.76
2021/12/18	77, Arch. Makariou III Av., Latsia	15:39	6349184	588233	SuperAdmin	mikel	6.90	0.03	6.87
		16:46	6350011	438669	SuperAdmin	mikel	2.50	0.01	2.49
		Total/Branch					9.40	0.04	9.36
	Total/Date						9.40	0.04	9.36
Total							19.20	0.08	19.12