



Number OF Transactions: 4
 Beneficiary Name: QUALITAS MEDCARE LTD
 Beneficiary IBAN: CY84002001950000357029792173
 Payment Mode: Bank Transfer
 Commission Value: 0.00
 Reference Number: SO - 502795
 Date/Time: 2021/12/29 03:21
 Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/12/28	77, Arch. Makariou III Av., Latsia	15:03	6506837	367864	SuperAdmin	mikel	1.50	0.01	1.49
		15:04	6506872	478743	SuperAdmin	mikel	0.50	0.01	0.49
		15:05	6506888	585486	SuperAdmin	mikel	3.80	0.02	3.78
		16:20	6507895	687469	SuperAdmin	mikel	3.40	0.02	3.38
		Total/Branch					9.20	0.06	9.14
	Total/Date						9.20	0.06	9.14
Total							9.20	0.06	9.14