



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 339704
Date/Time: 2021/12/30 03:28
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/12/29	25 March 44	11:24	6521534	633544	SuperAdmin	Admin	2.00	0.01	1.99
		16:12	6525722	788885	SuperAdmin	Admin	2.00	0.01	1.99
		Total/Branch					4.00	0.02	3.98
	Total/Date						4.00	0.02	3.98
Total							4.00	0.02	3.98