



Number OF Transactions: 1
 Beneficiary Name: QUALITAS MEDCARE LTD
 Beneficiary IBAN: CY84002001950000357029792173
 Payment Mode: Bank Transfer
 Commission Value: 0.00
 Reference Number: SO - 302729
 Date/Time: 2021/12/31 03:37
 Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/12/30	77, Arch. Makariou III Av., Latsia	13:02	6541355	652378	SuperAdmin	mikel	2.80	0.01	2.79
		Total/Branch					2.80	0.01	2.79
	Total/Date						2.80	0.01	2.79
Total							2.80	0.01	2.79