



Number OF Transactions: 3
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 302729
Date/Time: 2021/12/31 03:34
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/12/30	44, 25th March str., Aradippou	08:01	6536377	444583	SuperAdmin	Admin	2.00	0.01	1.99
		11:15	6539762	267477	SuperAdmin	Admin	2.00	0.01	1.99
		19:56	6547604	433952	SuperAdmin	Admin	4.00	0.03	3.97
		Total/Branch					8.00	0.05	7.95
	Total/Date						8.00	0.05	7.95
Total							8.00	0.05	7.95