



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 353505
Date/Time: 2022/02/09 03:15
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2022/02/08	44, 25th March str., Aradippou	07:26	7185340	643564	SuperAdmin	Admin	2.00	0.01	1.99
		09:34	7189152	976827	SuperAdmin	Admin	3.00	0.02	2.98
		Total/Branch					5.00	0.03	4.97
	Total/Date						5.00	0.03	4.97
Total							5.00	0.03	4.97