


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : STAROYLA DAMIANOY
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY09005003680003681087560101
Date/Time : 2020/12/14 03:10
Reference Number : SO - 817348
Number Of Transactions : 3
Commission Value: 10.00%
Rate: 0.70%

Date	Branch	Time	Merchant User Type	Merchant User	TranID	Amount (€)	Tips (€)	Commission	Fee	Net Amount
2020/12/11	25 March 44	07:39	SuperAdmin	Admin	1556876	2.00	0.00	0.20	0.01	1.79
		Total/Branch				2.00	0.00	0.20	0.01	1.79
		Total/Date				2.00	0.00	0.20	0.01	1.79
2020/12/13	25 March 44	08:53	SuperAdmin	Admin	1575349	6.00	0.00	0.60	0.04	5.36
		17:22	SuperAdmin	Admin	1578451	5.00	0.00	0.50	0.03	4.47
		Total/Branch				11.00	0.00	1.10	0.07	9.83
		Total/Date				11.00	0.00	1.10	0.07	9.83
Total						13.00	0.00	1.30	0.08	11.62