


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : STAROYLA DAMIANOY
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY09005003680003681087560101
Date/Time : 2020/12/15 03:52
Reference Number : SO - 617731
Number Of Transactions : 1
Commission Value: 10.00%
Rate: 0.70%

Date	Branch	Time	Merchant User Type	Merchant User	TranID	Amount (€)	Tips (€)	Commission	Fee	Net Amount
2020/12/14	25 March 44	13:26	SuperAdmin	Admin	1586126	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
Total						2.00	0.00	0.20	0.01	1.79