


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : STAROYLA DAMIANOY
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY09005003680003681087560101
Date/Time : 2020/12/29 04:01
Reference Number : SO - 852745
Number Of Transactions : 2
Commission Value: 10.00%
Rate: 0.70%

Date	Branch	Time	Merchant User Type	Merchant User	TranID	Amount (€)	Tips (€)	Commission	Fee	Net Amount
2020/12/28	25 March 44	08:33	SuperAdmin	Admin	1706925	7.50	0.00	0.75	0.05	6.70
		15:14	SuperAdmin	Admin	1712083	2.00	0.00	0.20	0.01	1.79
		Total/Branch				9.50	0.00	0.95	0.06	8.49
	Total/Date					9.50	0.00	0.95	0.06	8.49
Total						9.50	0.00	0.95	0.06	8.49