


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : STAROYLA DAMIANOY
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY09005003680003681087560101
Date/Time : 2020/12/31 03:26
Reference Number : SO - 428265
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
2020/12/30	25 March 44	07:31	SuperAdmin	Admin	1729177	2.00	0.00	0.20	0.01	1.79
		09:24	SuperAdmin	Admin	1729763	2.00	0.00	0.20	0.01	1.79
		10:42	SuperAdmin	Admin	1730343	2.00	0.00	0.20	0.01	1.79
		Total/Branch				6.00	0.00	0.60	0.03	5.37
	Total/Date					6.00	0.00	0.60	0.03	5.37
Total						6.00	0.00	0.60	0.03	5.37